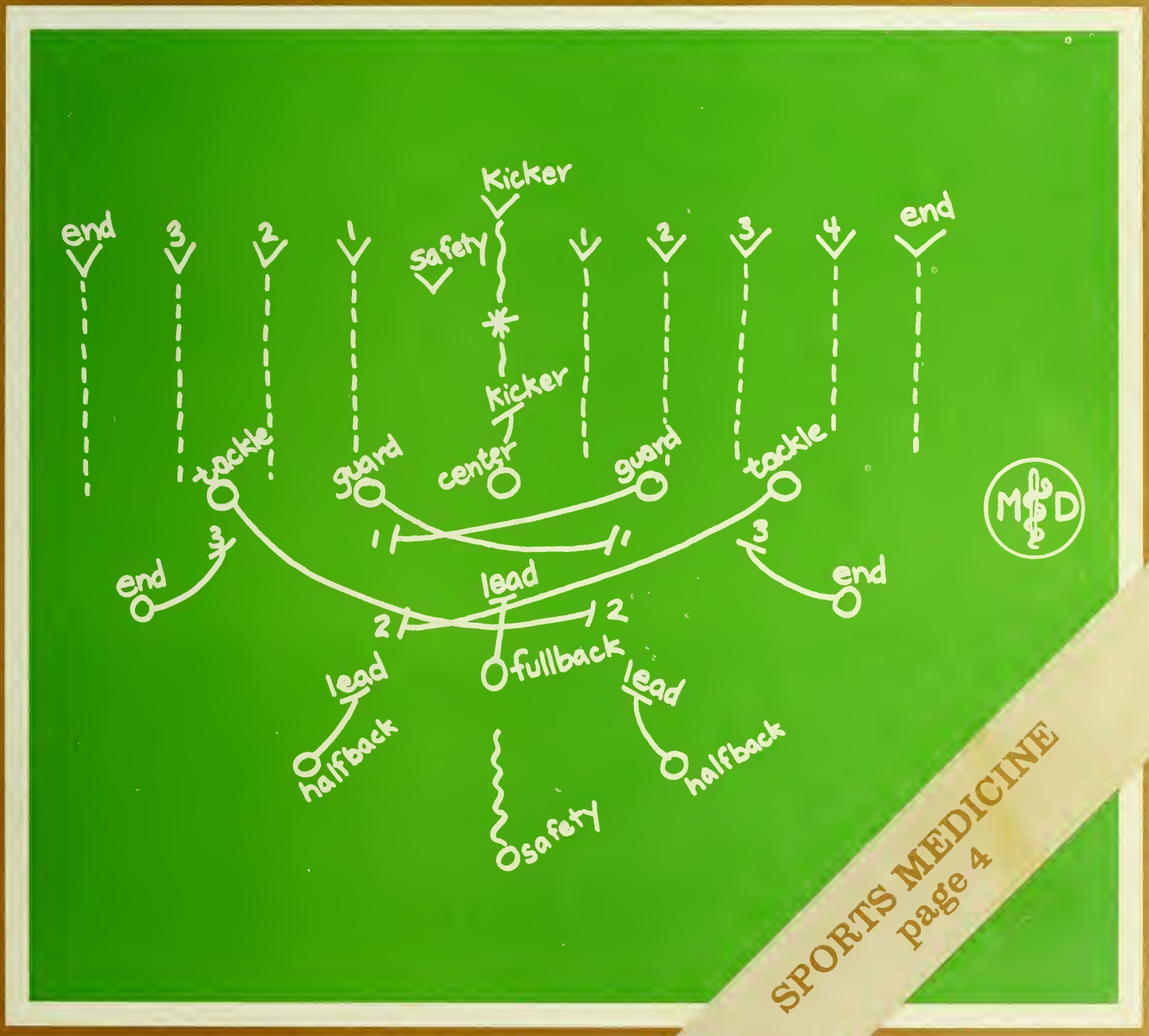
Schools of Medicine Allied Health Sciences Graduate Studies Nursing Dentistry

Medical College of Georgia
Summer, 1973 Volume 3, Number 2

MCG Today



SPORTS MEDICINE
page 4

Behind the Lines...

Many Medical Alumni returned to the MCG campus May 10-13 when the Medical Association of Georgia held its annual meeting in Augusta. Campus tours on Saturday, May 12 brought excellent reaction from alumni and friends. The more than 100 persons who took advantage of the tours were favorably impressed by MCG's progress.

Successful class reunions were held for the Classes of '28, '33, '43, '48, '53, '54, and '63. Congratulations to all who worked hard on arrangements and contributed so much to these successful events.

The annual alumni dinner at the Richmond Hotel on May 11 had one of the largest attendances I have witnessed and it was a great evening. A standing ovation given to Mrs. G. Lombard Kelly was particularly heartwarming.

Congratulations to new Alumni Association Officers: Robert D. Waller, '48, President; George F. Green, '51, President-Elect; Floyd C. Jarrell, '46, First Vice-President; Ronald F. Galloway, '56, Second Vice-President; and the two new members elected to the Board of Managers are Philip R. Bartholomew, '63; and Harvey M. Newman, III, '48. Effective July 1, Mr. Alex Vaughn will be named Associate Director for Alumni Affairs and Campus Events. He will assist in coordinating programs and activities of Alumni Associations for all five schools at MCG. He will retain editorship of **MCG Today.**

The Board of Trustees of the Medical College of Georgia Foundation, Inc. in their annual meeting on May 12 made some momentous decisions and, in my judgment, took some giant strides in the right direction. Total assets of the Foundation increased from $577,331 to $668,886 during the past fiscal year. This is an increase of $91,545 or a gain of 16%.

Dr. Moretz reported on behalf of the Special Ketchum Report Committee and the recommendation that we launch an endowment fund campaign with a minimum goal of three million dollars was unanimously approved. The campaign will begin with the internal MCG Family on September 1 and run for eighteen months.

The By-laws of the Foundation were amended to increase the Board of Trustees to 33 members, 13 of whom shall be ex-officio members by reasons of occupying the following offices with the Medical College: President, Provost, Vice-President and Treasurer, the five Deans of the schools and the five presidents of the Alumni Association of MCG's five schools. Newly elected officers of the Foundation are: Irving Victor, '45, President; Harold Harrison, '45, First Vice-President; Donald W. Schmidt, '49, Second Vice-President; Robert G. Ellison, '43, Secretary-Treasurer. New trustees elected are: Mr. James B. Williams, President, Trust Company of Georgia; J. Render Turner, '44, Daniel B. Sullivan, '49, Robert D. Waller, '48, Robert G. Ellison, '43, and David A. Wells, '49.

On behalf of all of us here, I express deep appreciation to Dan Sullivan for the great job that he did as Alumni Association President last year and to Milford Hatcher for his wise and dynamic leadership of the Foundation during the past year.

We look with optimism and anticipation toward a successful endowment fund campaign to increase the assets of the Foundation and to meet the minimum needs of the Medical College in the months to come. We know we can count on your involvement and support.

— J. C. A.

ON THE COVER — The kickoff is an exciting moment in football. It is also one of the more dangerous plays of the game. This issue's cover depicts the play as a coach might describe it to his team. On the sideline is the symbolic emblem for medicine depicting an added dimension to the game. The addition, Sports Medicine, is discussed in this issue by Dr. Fred L. Allman of Atlanta. Our appreciation is expressed to Coach Hubert Morris of North Augusta High School for his assistance with the cover art.

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Summer, 1973 Volume 3, Number 2

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Sports Medicine

MCG Graduate Enjoys New Specialty

The American quest for more leisure time has now changed to a seeking of ways to fill a seeming over-abundance of recreation hours.

In ever increasing numbers people are taking part in tennis, golf, handball, jogging, skiing, boating, swimming, weight lifting, cycling and other sports.

As avid spectators they help finance ever increasing professional athletic organizations which are in turn fed players by improved college, high school, junior high and elementary sports organizations.

All of this has added a new dimension to sports medicine — a specialty once considered quite narrow and mostly confined to college campuses engaged in major intercollegiate activities.

An MCG graduate, Dr. Fred L. Allman, '55, was one of the first physicians in the nation to establish a Sports Medicine Clinic on a private practice basis.

For Dr. Allman, a former football player at the University of Georgia, it was combining two of life's loves when he set up his clinic in Atlanta, August, 1969.

Establishment of the clinic was an outgrowth of serving as orthopedic consultant for the Atlanta school system. He is still serving today as consultant to the system and says, "It was this phase of my work which gave me the momentum to continue the thing I was most interested in, and over the years this increased until I decided to limit myself to treatment of athletic injuries."

His modern, attractive office in mid-Atlanta is equipped extensively for the treatment and rehabilitation of athletic injuries and a physical therapist is on the staff.

The waiting room could shock those more familiar with crying infants, coughing adults and others obviously in pain or need of a doctor. Dr. Allman's waiting room is filled with strapping, powerful looking teenagers who hardly look helpless even with casts, crutches and other orthopedic assists.

Dr. Allman says treating and rehabilitating these people is different.

"Really there are a number of differences, but there is one major one between treating the athlete, say with a torn ligament, than with treating a non-athlete with the same injury.

"When the doctor releases an athlete and tells him to go back and play, he will be immediately exposed to the identical forces that produced the injury to begin with. We have to get him ready for that.

"The non-athlete is not likely to be exposed to the same force which caused the injury — for example, a fall from a tree, car accident, etc."

He went on to explain that by the same token it would not be necessary to rehabilitate to nearly so high a level if it is a tennis player injured as contrasted to a football injury. This is based on a reduction of injury risks to the tennis player as contrasted to the football player.

"It's good for the physician in this area to know just what kind of force the athlete has got to run into when released," he said.

Few would be better equipped for this than Dr. Allman who played on Southeastern Conference Championship football teams at the University of Georgia and also played football at the U. S. Merchant Marine Academy in New York in 1945 and 46. During those years, the service team played Boston College, Fordham and other tough opponents.

Dr. Allman earned his MD at MCG and took his internship at Charity Hospital in New Orleans and then did graduate training and a orthopedic residency at the Tulane Medical School in Louisiana. While at Tulane he ministered to the medical needs of a local junior high football league.

He is now certified by the American Board of Orthopedic Surgery, is a member of the American Academy of Orthopedic Surgeons, American College of Sports Medicine, Medical Association of Atlanta and is chairman of the School Child Health Committee for the Medical Association of Georgia.

His recognition for work in sports medicine has been extensive through election for two years as president of the American College of Sports Medicine, orthopedic consultant for seven years at the University of Geogia and, for the past four years at Georgia Tech, and as a member of the President's Council on Physical Fitness in 1967-68.

His, book *Executive Fitness Desk Diary*, a 182-page book, is devoted exclusively to executive health and he has had dozens of articles published concerning sports medicine and physical fitness.

Dr. Allman is a native of Atlanta as is his attractive wife, Martha Bush, who graduated at the University of Georgia with her husband in 1951.

"We were married when at the University and the day of graduation my wife was 8½ months pregnant. It was a hot afternoon and she was graduating in education and I was in arts and sciences. So we were not close to one another in the seating arrangement. My concern that day was not so much whether I was going to graduate, but whether or not she was going to complete graduation as one person rather than two."

The Allman's have five children, Martha, a senior at the University of Georgia planning to teach English upon graduation; Lari, a junior at the university in the pre-med curriculum; David, a Dartmouth College freshman; John, 15 and Kim, 12, both playing football at Lovett School. All of the children have been active in athletics, especially swimming and football.

It is football which creates the most injuries insofar as Dr. Allman's practice is concerned.

Asked if, as a physician, it is tempting to advise a youth to not go back on the football field, Dr. Allman replied, "Well, here again, I think you have to have been around sports a little bit to appreciate that there are certain values one can gain from participation in athletics. If these values are not appreciated, I feel the person may not do a good job of treating the athlete.

"Today's athlete has to be dedicated. They give up a lot of time and expend a lot of effort to participate. It is really a sacrifice in many ways.

"And when they have something wrong with them, if this is not something exceedingly bad which would produce or aggravate the injury they have — then they would like to return and, in my opinion, are

continued on next page

entitled to return.

"It's really a dual responsibility and some physicians see only one side. Some of them bend over backwards to allow boys to go back when they shouldn't and others will refuse to return boys who have had minor problems. Both approaches are wrong."

Dr. Allman commented upon midget football and participation in tackle football by children of elementary school ages.

"The younger the individual, the less likely they are to be hurt or seriously injured. I don't mean to say tackle football is the ideal activity for six, eight, or nine year olds. I think there would be activities that probably would stimulate his physical development more than football would.

"But we have to face it — we are living in an era in which football, baseball and basketball are sports most acceptable by society. Youngsters aren't given gymnastics outfits when four or five. They are given football uniforms. What does he see on television Saturdays and Sundays? What does he hear from his father? Often his father has aspirations for him to play football or basketball or baseball.

"So it's a natural sequence that the boy will be on a football field at an early age. If properly supervised, evaluated physically, conditioned properly, given good playing facilities, proper equipment and a coach who adheres to techniques not damaging to the physical and mental capabilities, then it is not too bad."

Dr. Allman feels sports medicine will contribute to medicine in general through increased knowledge of the benefits of exercise. Also, he feels there is a tremendous carry-over to industrial medicine. The carry over is mainly in successful and quick rehabilitation of athletes; a technique which also could be done for valuable industrial workers.

"Another factor is in athletics we put great emphasis upon prevention of injury. Certainly in medicine today there needs to be more emphasis upon prevention of disease."

His book *Executive Physical Fitness Diary* was described as a "back door" event. "I was closely involved with training programs for a large

Many MCG alumni are called upon to serve as team physicians at high schools, colleges, junior colleges, junior highs, and for midget and little league sports.

Dr. Allman gave some guideposts to major procedures which most physicians follow in successful programs:

Pre-Participation Evaluation

This should be done before the practice sessions begin and it should be very comprehensive and supervised by a physician. To do this properly, a health-team approach is successful.

Conditioning Program

"The problem here which needs to be understood is that many coaches, especially those on the little league and midget levels, are not knowledgeable about proper conditioning. Many have not participated themselves nor had the opportunity to be around extensive conditioning programs. They are at a loss to know what constitutes a well-rounded conditioning program for that particular sport.

"So someone who is knowledgeable about conditioning and the proper benefits of conditioning should be available. Certainly any physician involved with any team recognizes the responsibility of educating the people about proper nutrition, health habits, and about the avoidance of drugs and other things which are more and more being seen on the athletic scene."

Protective Equipment

It should be the proper type and it should be properly fitted. It must be worn. A flexible mouthpiece is no good to the athlete unless worn. A helmet. . . you can spend a lot of money on a helmet and it won't provide protection unless it is well fitted to that particular individual. The same is true of the other parts of the equipment, especially football shoes and the type of cleat on the shoe.

Proper Medical Supervision

"Proper medical supervision during practice sessions (whenever possible) and certainly during competition itself is necessary. During competition, a doctor should make any decisions about the playability of an individual as far as continuing in the game."

Proper Referral

Proper referral is part of being a good team physician. Seeing to it that a player gets into proper hands so that he can be cared for properly and promptly is very important.

Rehabilitation

This is extremely important because of the principal of meeting the same conditions again which originally produced the injury. The player needs to be completely rehabilitated before being allowed to return.

Working with Coaches

"Most coaches and physicians work together for years and have no difficulties. However, problems do exist sometimes and more than often it is in a situation where a coach has had a poor experience with a physician who either refused to allow anyone who has even a mild injury to participate or one who excluded them for participation for longer than necessary, based on the injury. This would sour a coach toward the medical profession."

"The same can be true of the physician who feels a coach is not sending injured players to him for proper treatment and who plays boys who are in doubtful physical condition.

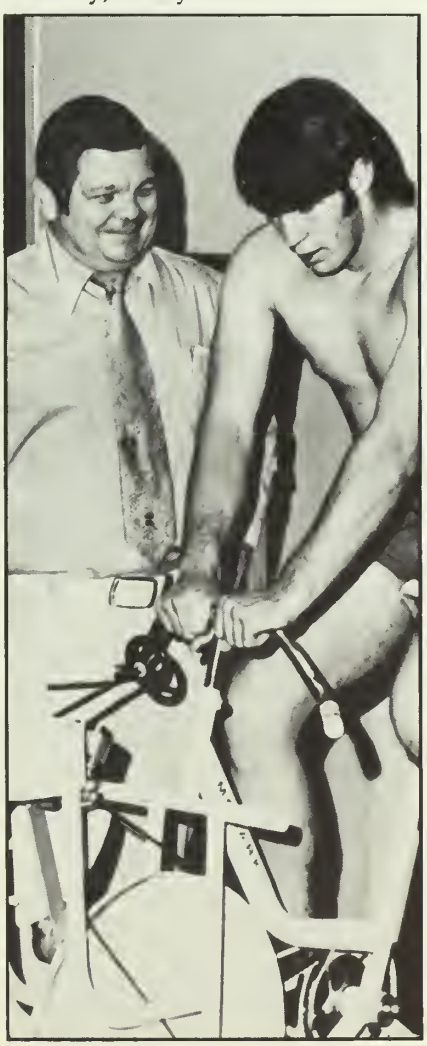
"More and more coaches are realizing the need for team physicians — someone they can rely on to do the very best to get the boy back as soon as they can without endangering the boy."

number of athletes and after seeing the marvels resulting from that, I felt it was a shame the executive population won't use just a few of these things to improve their overall physical fitness level. So that was my purpose for writing the book," Dr. Allman said.

Summing up, Dr. Allman said, "Well, I certainly recommend sports medicine as a specialty to anyone with an athletic background or who enjoys athletics. It is a pleasure working with young people who want to get well in the shortest possible time. My whole office staff enjoys working with these young people.

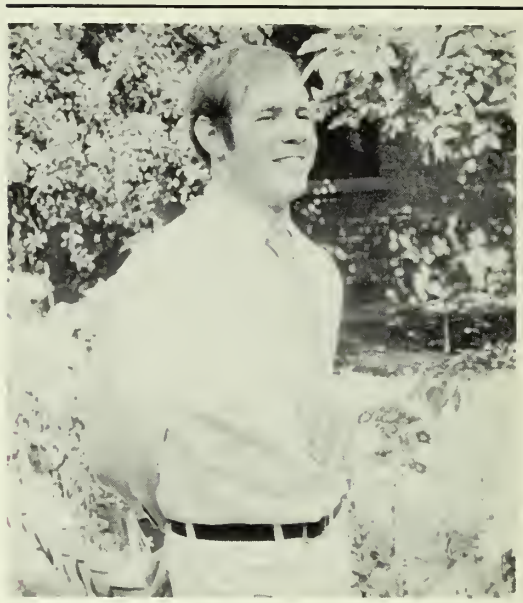
"Most of them are young, they have a good sense of humor.

"Of course there is a lot of concern about young people in America today, and I share that concern. But if I had to make an opinion based just on people I see in my office each day, I'd say the future of America is good because these patients are courteous and cooperative.



"Most of them are smarter than people were 10-15 years ago. They have better educational background. I'm sold on many of the young people today. It's easy to allow a few rotten apples to ruin the impression of everyone else, but certainly, I'm very optimistic about the future of our country based on treating the young athletes of our country. ☐

Reaching Other Cultures Through Healing Skills



by Marshall Guill, M. D.

How strange to be here, halfway around the world from everything that was home to me.

The sun was rising and there was smoke hanging over the tree tops. I would soon recognize this as part of the Indian morning and evening horizon. It came from the cooking fires.

I was met at the Delhi Airport by the happy smile of a handsome, bearded man wearing a turban. It was Surinder Singh, brother of my friend, Dr. Manjit Singh of Augusta, Ga. I don't know when I have ever been so glad to see anyone in my life.

We drove into Delhi, passing several camel carts and low huts. At a modern apartment house, I was introduced to J. P. Singh, a bachelor, who became my fast friend during my stay in India. After a few introductions and a cup of tea, Surinder Singh and his wife left me with J. P. who kindly showed me to the bed he had recently vacated. The next eight hours were spent in a very profound sleep. Thus passed my first day in India.

For me this trip was a dream come true. For as long as I can remember I had planned and hoped to spend some time in a mission hospital. I feel a deep sense of responsibility for sharing whatever talents I have with other people. This was an opportunity to put what I believe into practice. Paul Tillich defined religion as a "state of being grasped with an infinite concern". This was for me a chance to make my feelings of concern concrete and real.

After two days in Delhi, I left for Ferozepur. Ferozepur was the last stop, for Pakistan was only ten more miles further. There were people sleeping in cots all up and down the side of the road in front of the hospital. I learned that a patient's relatives accompany him to the hospital. The relatives cook for the patients and the nurses supervised and told them what a patient could or could not eat.

That morning I met John Rollin's family with whom I would be staying and then Dr. B. Masih, medical superintendent of Frances Newton Hospital.

Dr. Masih is an Indian surgeon who had trained in the United States. I functioned as his "intern" in the operating room for my first month and a half and then switched to internal medicine to work with Dr. Gurpal Kingra who had also trained in America. Dr. Masih looked after the female surgical ward, which held approximately 50 patients from both general and gyn surgery. He also did male surgery and pediatric surgery.

October proved to be the busiest month the operating room had ever had. It seemed every night we would do at least one Caesarean section and sometimes as many as two or three.

While on surgery, I saw an amazing amount of surgical pathology. Birth defects, such as imperforate anus and recto-vaginal fistulae, were quite common. Many times we saw persons who, although very sick, had put off coming to a doctor until they could no longer work. On operating days we would, on occasion, do 18 or 20 operations in a single day. The dedication with which the doctors and nurses worked was inspiring.

There is a high incidence of calculus disease in this section of India. Even little children were present with complaints related to huge bladder stones. Some persons relate this high incidence of calculus disease to extreme dehydration which these people suffer during hot summer months. There were many cases of trauma, especially among men and children who worked with machines. There are very few safety guidelines on

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Dr. Guill received his MD degree June 2, 1973, from the Medical College of Georgia. He is the son of Mr. and Mrs. M. A. Guill, Jr. of Washington and is a graduate of Washington Wilkes High School and of Davidson College in Davidson, N. C.

He went to India under a Medical Assistance Program Readers Digest Fellowship. This group offers several fellowships each year to senior medical students who desire experience in medical care in a developing country.

A senior medical student and a faculty member were among many at MCG who during the past 12 months have taken their skills and training to developing nations.

Each agreed before their trip to provide some insight into the people and nation which they visited.

The student, Marshall Guill, visited India. The faculty member, Dr. Alex Robertson, visited Bolivia. Their stories are of completely different experiences with wholly different cultures.

However, each reaches many similar conclusions based on the common bond of mankind and of medicine's role in helping suffering people throughout the world.

by Dr. Alex F. Robertson

In the latter part of 1971, Dr. James O'Neal from Elberton called and asked if I would show a visiting doctor from Bolivia through the pediatric facilities of the Medical College. He explained that the Methodist Church is active in helping maintain a pediatric hospital and general hospital in eastern Bolivia at the edge of the jungle. One of the doctors who acted as a pediatrician there, a native of Bolivia, was visiting this country to see medical facilities and was accompanied by Dr. James Alley, the medical director of the mission work in the eastern part of the country. After showing them around and talking at length about the medical mission, Dr. O'Neal and I became interested in the possibility of an exchange program whereby residents and faculty in pediatrics, both from this institution and other institutions in this country, spend periods of one to two months at the Children's Hospital to increase their teaching program and to gain experience in tropical diseases. We felt that it would be best for me to go and spend a period of at least three weeks in the clinic in order to evaluate what was most needed in their pediatric program.

I left for Bolivia and Peru in April of 1972. My preparations involved approximately 15 hours of private Spanish lessons, vaccinations for smallpox, yellow fever, tetanus, injections of Gamma globulin as protection against infectious hepatitis, a tuberculin test and gathering personal medical supplies, such as antimalarial medication, Diamox for use in the Andes Mountains to prevent altitude sickness, and resigning myself to missing the first Masters Golf Tournament since I moved to Augusta. Perhaps, the best preparation was buying a small tape recorder with which to keep a diary and this account is taken from those recordings.

Before beginning the diary, I think it would be well to explain some of the outstanding geographical characteristics of the country. Bolivia is a land-locked country below the equator, almost reaching the tropic of Capricorn. It is roughly four times the size of Colorado. Its physical characteristics make up three distinct areas.

Bolivia's eastern sector has two distinct areas with plains in the south and jungle to the north. The northern jungles have tributaries flowing into the Amazon River in Brazil.

The Altiplano is in the west near Peru. It is a high plain approximately 100 miles wide and 400 miles in length, at an average altitude of 12,500 feet between ranges of the Andes Mountains. Lake Titicaca dominates the area.

The third section is made up of fertile valleys descending from the eastern slopes of the Andes. This is the Yungas section with a typical city being Cochabamba with a popuation of 96,000.

Most of Bolivia's four million people live in the Altiplano and Yungas regions. Their average annual income is $100 and their life expectancy is about 38 years.

Monday, April 3, 1972

Last Saturday I left Augusta at noon and Miami at 6 p. m., arriving in Lima, Peru about 2 a. m. on Sunday. After some difficulty getting through Customs because of the boxes of medicines I was carrying and my poor Spanish, I slept for a few hours at my hotel and reboarded the plane later in the morning to fly to La Paz, Bolivia, and then Santa Cruz. At Santa Cruz, I was met by Dr. Alley, the director of the Medical mission in this area, and Dr. Balderas and Dr. Paz, the two pediatricians with whom I will be working. We left Santa Cruz and drove northward about 30 miles to Montero.

Montero reminds me of nothing so much as what western towns in our country must have looked like during the gold rush. The streets are not paved, but are either dusty or mud-holes, depending upon the weather. There are few buildings with

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common Indian machinery and much carelessness. These coupled with a lack of safety devices, result in many crushed hands, feet, and even trauma to the abdomen.

My time on medicine was equally rewarding. I saw and participated in the care of patients with many diseases which I may never see again but about which I learned a great deal from observing their course and treatment. Many times I saw babies with diarrhea and dehydration and on taking a history learned that the family was "westernized" and the mother had chosen not to breast feed the child. As a result they had used improperly pasteurized buffalo milk or unsterile bottles and the baby had contracted gastroenteritis through this "improved" feeding technique.

The midwife in this section of India often cuts the umbilical cord with any convenient rusty knife. As a result, we saw many cases of neonatal Tetanus. Often, too, was the situation where the mother also became infected since she had never been immunized against tetanus. Some of the mothers who delivered at home died soon after the baby's birth. While there, I remember seeing on several occasions a forlorn father with a tiny baby in his arms coming into the hospital to ask that the baby be given feeding care. The hospital would accept these babies with some reservation because many times the fathers never returned.

I saw diseases which were peculiar to the geographic area like fluorosis, and there was a good deal of parasitic diseases like Ascariasis and Amebiasis. We saw many complications of these diseases like amebic hepatitis. Tuberculosis is endemic in the area in spite of continuing government efforts to control this disease.

Part of my work was with a well-equipped public health team which served as an antenatal clinic for pregnant females as well as a postnatal clinic. Some days the team would travel to as many as three or four villages.

I could not have asked for a better exposure to hospital practice in India and I could not have found better people with which to work.

The hospital was clean and well-kept. The pharmacy was excellent. The laboratory was good and offered many basic tests without which the practice of good diagnostic medicine is very difficult. There were several Indian interns who were training at the hospital and we spent many hours together comparing notes about experiences in medical school.

The program was more worthwhile than I had dared to hope. Not only did I work with excellent physicians and learn a great deal about primary health care in a developing country, but a new culture was opened to me. I was able to travel rather extensively in the Punjab and through my friend, Dr. Manjit Singh of the Medical College of Georgia, I was able to spend time in the homes in Indian families who were far removed from the field of medicine.

The trip was truly a mountain-top experience for me. The entire three months was one of spiritual and intellectual growth.

I went to India with the idea of giving but now I realize that I have received much more than I could ever have hoped to give. It is quite impossible not to love the Indian people. What greater fulfillment is there than to make life a little better for someone else.

I have selected two experiences from my adventure to share with you. The first was my first real introduction to the "old-time" missionaries. The hospital received a telegram from Miss Redman, a missionary who lives with her sister at the head of the Kangra Valley, some 300 miles north of Ferozepur. The telegram was a plea for help. Miss Redman's sister, who suffered from rheumatic heart disease, had gone into heart failure. I was chosen to go as was Miss Head, the nursing supervisor, and Nelson Dodge, a volunteer mechanic, who drove and also was prepared to repair any mechanical trouble.

It was an all-day drive into the Himalayas. The Redman sisters were

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Bolivia continued

electricity or running water, practically none with any sewerage facilities, and a pervading and constant stench in the air, probably from many animals in the area. Cattle are wandering about, men are riding horses or motor bikes in the streets, and there seem to be a million starving, stray dogs about.

The city of Montero (population 20,000) has a nicely decorated central square. As you leave the central square, you get into sections of poor adobe houses where most villagers live, who are either going onto the farm lands to work during the day or to work in nearby processing plants, for example: processing cotton or sugar cane. Farther from the square many of the houses have thatched roofs. These huts have an earthen floor, usually no light, and the sewerage system consists of human excreta being put in the back yard and other undesirable materials from everyday life being thrown into the street in front of the house.

Near the center of town is the hospital, which is supported by the government, local citizenry, and the Methodist and Catholic churches. It is a fairly modern building with the capacity of approximately 40 inpatients. Nearby is the Children's Hospital, which was completed only two years ago, has an inpatient capacity for about 25 children and a pleasant play and rehabilitation area for children. There are several offices at the front which comprise its outpatient department.

In the evening, the town people and those who have come to the market, walk around the town, sit in the public square and generally cook outside of their houses on the front street.

I take it the weekends are very festive occasions around here, for when I asked how, without an alarm clock, I would be able to wake at 7 a. m. to get to work on time, I was told that I could easily tell when it was 7 a. m. because then the noise would stop.

We were visited last night by a "suraisse", an interesting phenomenon. In the latter part of the day, when the temperature was quite warm and the humidity was high, the wind started blowing, developed into a gale and over a period of approximately 30 minutes, the temperature dropped from approximately 90 degrees to 50 degrees. I felt sure the buildings were going to blow over. This wind arises from Anaractica, sweeping over Argentina and blows across the plains of Bolivia. It was a superb, climatic performance.

Friday, April 7, 1972

Each day I get up at 7:15, shave with cold water at the sink in my small bedroom, and then walk one mile to the Children's Hospital. I have breakfast with two interns, Frieda and Miguel, the nurses' aides, and the medical assistant. It is good and usually consists of some grapefruit, perhaps an egg or two, and frequently some type of batter cooked in grease like a fritter. We then make rounds. By that time, Dr. Paz and Dr. Balderas have arrived, if they had not already been there when we came. These two men are responsible for pediatric care in the hospital and clinics. Dr. Balderas is also director of both hospitals. From approximately 8:30 until 10:00, we go from bed to bed amongst our 8-12 patients, rechecking their physical condition and medications. This is a rather lengthy procedure which frequently takes us an hour and a half since the children are quite ill. At 10 a.m. the outpatient clinic begins. From then until 1:30, we are all examining patients, usually about 30-40 outpatients per morning. One of the interns stays in the hospital ward to carry out the orders we had decided upon during rounds and the other intern and two doctors see outpatients. I generally stay with the intern and help him or her decide the best approach to the patient. My teaching function is very simple. I have no special knowledge in tropical medicine, in fact, I have a specific lack of such knowledge; but it is the first time the interns have had a teacher actually stand with them while they examine an infant and point out how they can improve the examination, as well as discuss the

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on campus

the faculty

Patricia A. Moxley, MEd, is associate dean for Graduate Programs in Nursing in addition to her position as associate professor of Nursing. Miss Moxley, who came to MCG in 1971, received her BSN degree from Louisiana State University, a Masters in Nursing from Emory University, and a Masters in Education from Teachers College, Columbia University. **Susan M. Bruno, MS,** associate dean for Continuing Education in Nursing as well as her present position as assistant professor of Nursing. Miss Bruno earned her BSN degree from Catholic University, a degree in Medical-Surgical Nursing from the University of Buffalo, and MS in Nursing Administration from the University of Rochester. **Preston Lee Davidson, MEd,** chairman of the Department of Distributive Nursing, in addition to associate professor in the graduate program. Mr. Davidson is a cum laude graduate of St. Elizabeth's Hospital School of Nursing, Washington, D. C., and earned a BS degree from Tulane University, and a MEd from Georgia Southern College.

heart scholar

Dr. William B. Strong, pediatrics, is one of two Teaching Scholars in the country named by the American Heart Association for 1973-78. Dr. Strong, associate professor of Pediatrics and director of Pediatric Cardiology, is among 16 physicians who have received this award since 1966. The award, designed to encourage the teaching of cardiovascular medicine and better prepare students for careers in the field, will enable Dr. Strong to continue developing teaching aids on congenital heart disease, which include a book to be used with an audio-visual series, and teaching lab.

Dr. Arlie Mansberger

new chairman for surgery

Dr. Arlie R. Mansberger, Jr. became chairman of the Department of Surgery June 1. Formerly professor of Surgery at the University of Maryland School of Medicine, Dr. Mansberger is a general surgeon with a special interest in trauma.

The new chairman received his AB degree from Western Maryland College and his MD degree from the University of Maryland School of Medicine where he also did his postgraduate training. He did additional training at the Walter Reed Institute of Research.

The author of nearly 100 publications, Dr. Mansberger is a Diplomate of the American Board of Surgery, a Fellow of the American Surgical Association and the American College of Surgeons, and a member of the New York Academy of Sciences among numerous other medical associations.

faculty promotions

Fifty-five faculty promotions have been announced by President William H. Moretz following approval by the Regents of the University System at their meeting April 11. The promotions for the coming year are effective July 1.

Fourteen faculty members were advanced to full professorship; 17 were promoted from assistant professor to associate professor; 23 were advanced from instructor to assistant professor, and one was promoted from research associate to research instructor.

Those promoted are:

Professor: Walter J. Brown, Jr., MD, medicine; Philip E. DeLorey, EdM, nursing; Margaret B. DeVore, MD, anesthesiology; Thomas R. Dirksen, DDS, PhD, cell and molecular biology; Taher El Gammal, MD, radiology; Betty R. Erlandson, EdM, nursing; Bobby D. Fritz, DDS, periodontics; Glen E. Garrison, MD, medicine; Jack M. Ginsburg, PhD, physiology; Carl Jelenko, III, MD, surgery; Leon A. Leonard, DDS, oral medicine; Elizabeth Morgan, MD, medicine; Norton M. Ross, DDS, oral biology, and James E. Williams, DDS, DrPH, community dentistry.

Assocate professor: Sankoran K. Asokan, MBBS, medicine; Arden L. Bowers, MS, nursing; George Brownell, PhD, cell and molecular biology; Paul J. Brucker, EdD, health communications; Susan Bruno, MS, nursing; Preston L. Davidson, MEd, nursing; Ramona P. Davidson, MN, nursing; Allen J. Dennis, Jr., MD, medicine; Dickson B. Dunlap, MD, medicine; Terrence T. Kuske, MD, medicine; Frederick H. Leibach, PhD, cell and molecular biology; Henry G. Mealing, Jr., MD, medicine; Hubert W. Merchant, DDS, oral medicine; Susan B. Moore, MA, nursing;

David H. Pashley, DMD, PhD, oral biology; George S. Schuster, DDS, PhD, oral biology, and Mohamed Sharawy, PhD, oral biology.

Assistant professor: Jessie O. Brown, BS, dental hygiene; Elise W. Carson, MS, nursing; Jack W. Carter, DMD, orthodontics; Joyce Collins, BS, neurology; Elizabeth Cook, PhD, medicine; Allen Costoff, PhD, endocrinology; Gautam Dasgupta, MBBS, medicine; Carolyn F. Durham, MA, nursing; Linda A. Ellis, MSN, nursing; Dorothy M. Johnson, MS, nursing; Joseph F. Johnston, MD, anesthesiology; Warren B. Karp, PhD, pediatrics; Norma H. Langner, MSN, nursing; James L. Matheny, PhD, pharmacology; Kay F. McFarland, MD, medicine; William T. Minter, III, MD, anesthesiology; Margaret K. Murphy, MN, nursing; Barbara S. Pera, MS, nursing; Larry J. Peterson, DDS, oral surgery; N. Raghunatha Rao, MD, pathology; Joseph Taylor, MS, nursing; Henry Troyer, PhD, anatomy, and Jon H. Trueblood, PhD, radiologic technology.

Research instructor: Mogan L. Wheeler, BS, surgery.

MILESTONE — David Hughes, senior medical student at MCG, shares his postgraduate training appointment to Case Western Reserve Hospital, Cleveland, Ohio, with his wife, Janie.

BENEFACTOR HONORED — Augusta businessman Grover C. Maxwell and his wife were honored during the Augusta Regional Alumni meeting. Dr. William H. Moretz, president of MCG, presented the Maxwells with a plaque of appreciation for their support of MCG. The Maxwell family has given $350,000 in cash, stocks and securities from the Gilbert Maxwell Trust to be used for student aid.

grants

Dorothy Hahn, MD, pediatrics, has received $33,866 from the National Foundation March of Dimes, for the Birth Defects Center at MCG, beginning Jan. 1 for one year. **Frank Anderson, MD,** pediatrics, has received an additional $10,000 from the National Cystric Fibrosis Foundation for the Cystic Fibrosis Center here beginning March 1, 1973. **Jack M. Ginsburg, PhD,** physiology, received $16,995 from the National Institute of Arthritis and Metabolic Diseases for study of "Biological Transport of Ions". **Ralph V. McKinney, Jr., DDS, PhD,** oral pathology, received $22,500 from the National Institute of Dental Research for a three year continuation study on "Growing Capillaries: Basal Lamina and Permeability". **Jean M. Tyler, PhD,** medicine, received $24,913 from the Institute of Arthritis and Metabolic Diseases for the second year of study on "Autonomic Effects on Glucagon and Insulin Secretion". **Leo G. Horan, MD,** medicine, received $35,443 from NIH for study of "EMF Patterns Decoded to Heart Geometry by Dipolar Pair". The grant began Jan. 1, 1973 and ends Dec. 31, 1973. **Guy B. Faguet, MD,** hematology, was awarded $28,914 by the National Cancer Institute for the Cancer Chemotherapy Study for the period Jan. 1, 1973 — Dec. 31, 1973. **Edwin S. Bronstein, MD, MPH,** obstetrics and gynecology, received $105,294 from the National Center for Family Planning, HEW, for a three-year Planned Parenthood project, "Community Education in Family Planning". He also received $74,539 from the National Center for Family Planning Services for a program entitled "Georgia Regional Laparoscopic Training Program." **Marshall B. Allen, Jr., MD,** neurosurgery, has been awarded $14,034 from the National Institute of Neurological Diseases and Stroke for research on "Acute Treatment of Ruptured Intra-cranial Aneurysms". **Edward Bresnick, PhD,** cell and molecular biology, received $15,000 from the Pharmaceutical Manufacturers Association Foundation, Inc., for research on "Ontogenesis of and Environmental Influences upon the Microsomal Drug-Metabalizing". **Louis P. Gangarosa, DDS, PhD,** oral biology, has received $37,780 from the NIH Periodonal Diseases Program for study on "Blood Flow in Normal and Diseased Gingiva".

Alumni News Events Activities Class Notes Alumni News Events Activities Class Notes

Deaths

Jack G. Standifer, '11, Blakely

A. M. Phillips, '28, Macon

J. D. Elder, '43, Athens

C. A. White, '46, Augusta

Ira Goldberg, '48, Augusta

Medicine

1927-1938

Tom Adams, '27, was honored recently when the Macon County (Ga.) High School stadium was re-named Tom Adams Field. **Charles B. Fulghum**, '30, has retired and resides in Milledgeville. **A. F. Williams,** '34, resides at 423 Bull St., Savannah. **Dorothy Kethley Klughaiyst,** '38, is "semi-retired" but busy with county and state medical society affairs. She is the first woman member of the Passaic (New Jersey) General Hospital Board of Governors.

1940-1944

Kathrine Hawkins, '40, became a Fellow of the American Academy of Family Physicians at a ceremony held recently in New York's Madison Square Garden. **Kathleen Byers,** '43, an anesthesiologists since 1943, has started a new career as medical officer with the Atlanta Veterans Administration Office as of July 1, 1972. **Marion M. Estes,** '43, discontinued his private practice of psychiatry in April to become full-time medical director at The Guidance Center of Velusia County (Fla.), a public non-profit, low-cost mental health clinic. **Curtis G. Hames,** '44, has done extensive research of heart disease and hypertension. In his recognition, the entire State of Georgia, by proclamation of Gov. Carter, observed "Dr. Curtis Gordon Hames Day" March 25. **Clark Case,** '44, returned to the southeast as director of mental health services for the Alabama Department of Mental Health in March after 22 years as senior psychiatrist and psychoanalyst at the Menninger Clinic in Topeka, Ka. He will be helping to upgrade and organize state mental health services in Alabama.

1945 1946

Dillard L. Nix, '45, is practicing ophthalmology and otology in Athens. **E. M. Flowers,** '45, is in general practice in Tifton and active on the Tifton County Health Board and Board of Education. **Augustine S. Carswell,** '45, is practicing orthopedics in Augusta. **James B. Martin,** '46, and his wife will be touring Europe during the month of July. Their youngest daughter, Holley, enters the School of Nursing at MCG as a freshman in June, 1973. **Herman Delancy,** '46, has been inducted as a fellow of the College of Surgeons. **Bethel Wall**, '46, formerly of Tampa, Fla., is now in private practice of urology in Americus. **W. J. Gower,** '46, resides in Thomaston and was recently named a Fellow in the American Academy of Family Practice.

1947 1950

Ralph D. Roberts, '46, is living in Fitzgerald. He reports a new 75-bed hospital will be completed there in Feb., 1974, and they need a GP, internist and a pediatrician. **Carol Graham Pryor,** '47, was recently elected president of the Augusta branch of the American Association of University Women for the 1973-74 term. She previously served as branch president and as state president. Her eldest daughter, Carol Manganeillo, is a pre-law student at Oxford College, Emory University, and has made the Dean's List each quarter since her entrance. **L. E. Dickey,** '48, is the current president of the Georgia Orthopedic Society. **Claude V. VanSant, Jr.,** '50, has six children, four attending the University of Georgia, and two in high school. The VanSants live in Douglasville. **Eugene Demarque Bell**, '50, became a Diplomate of the American Board of Family Practice in 1971.

1951-1955

George F. Green, '51, was named a Charter Fellow in the American Academy of Family Physicians in Felt Forum in New York's Madison Square Garden. **Marcus L. Cox,** '52, resides in Oklahoma City, Okla. **Joseph M. Garrison,** '53, and his wife, the former Jeanette Hair, recently became parents of a son born Feb. 9. **S. A. Shmerling,** '53, is clinical assistant professor of medicine at Emory and medical director for the Jewish Home for the Aged in Atlanta. **James Adams,** '54, is a specialist in radiology in Columbia, S. C. **Lloyd C. Davis,** '55, is chief of staff at Fort Sander Hospital, Knoxville, Tenn. **Jesse L. Hunt,** '55, is presently doing emergency room practice at Glynn Brunswick Memorial Hospital, Brunswick.

1956-1958

Nelson S. Carswell, Jr., '56, has been practicing pediatrics in Dublin for 12 years. He, his wife and five children reside in Dublin. **Luceil Bauer North,** '56, is chief of Radiology Service at Houston VA Hospital and associate professor of Radiology at Baylor College of Medicine. She was recently married to Dr. Samuel F. Boushy (Tulane '57) who practices ir ternal medicine in Houston. **Thomas L. Crews,** '57, was certified in March by the American Board of Internal Medicine as Diplomate in both internal medicine and cardiovascular disease. **Joseph J. Nichols,** '58, has been inducted as a Fellow of the American College of Surgeons.

1959

James A. Routledge, has been inducted as a Fellow of the American College of Surgeons. **Julian Swann**, formerly head of the Dermatology Department at the Oklahoma City Clinic and on the clinical faculty at the University of Oklahoma Medical Center, has been named clinical assistant professor of medicine (dermatology) at Emory University. **Olin C. Dobbs** has been named clinical assistant professor of preventive medicine and community health at the Emory University School of Medicine. **J. C. Paul** is presently associated with the University Health Service at the University of Georgia, Athens. **Frank M. Johnston,** is the medical director of Broad Oaks Hospital, a private psychiatric Hospital and the winner of the eleventh annual "Mental Health Bell Award" — Chatham County, Savannah, Mental Health Association, May 3, 1973.

1960-1961

Harvey L. Levy, '60, is the first recipient of the Alfred L. Frechette Award, given by the Massachusetts Public Health Association to a young person showing exceptional promise in the health field in Massachusetts. Dr. Levy has been in pediatrics and neurology in Massachusetts since 1965 and is now a pediatrician and assistant professor of neurology at Harvard Medical School. He, his wife, and two children live in Newton, Mass. **Cyler D. Garner**, '60, is the mayor of the City of Gordon and has been in general practice in Gordon for 12 years. **I. Gene Schwarz**, '60, is assistant clinical professor and an institute associate of the Denver Psychoanalytic Institute of the Department of Psychiatry at the University of Colorado School of Medicine. **P. Feldman**, '61, has a private practice in Hartford, Conn., and is on the staff of Hartford Hospital, Mt. Sinai Hospital, and the Newington Childrens Hospital. He and his wife have two children. **William H. Meeks**, '61, has opened his office at 1136 Druid Park Ave., Augusta, for the practice of Neurosurgery. **E. Alan Paulk, Jr.,** '61, was recently granted a Fellowship in the American College of Cardiology.

1962-1963

Charles K. Bradley, '62, recently certified by the American Board of Ophthalmology, is in private practice in Gainesville. **Rodney M. Browne,** '63, was inducted as a Fellow, American College of Ob-Gyn, May 22. **Louie H. Griffin, Jr.,** '63, is practicing general and vascular surgery in Augusta. **David M. Cohen**, '63, and **James C. Pickens,** '63, have been inducted as Fellows of the American College of Surgeons. **John M. Dent, Jr.,** '63, is practicing medicine in Tifton. **Sammie D. Dixon,** '69, will join him in partnership in July. **William M. George, Jr.,** is an ob-gyn medical officer at the Naval Air Station, Albany.

1964

William E. Marks resides in Charleston, S. C., and is the proud father of a daughter born November 11, 1972. **James M. Campbell** now resides in Glenview, Ill. **William F. Kent** is practicing ob-gyn in Statesboro. The Kents have four children. **Silas C. Read, Jr.** recently became a Diplomate of the American Board of Ophthalmology. He and **Golden S. Hinton,** '53, have combined their practices and moved into a new office building in Athens. **Jean Cardin** was elected to Who's Who of American Women for 1973 and Who's Who in Georgia for 1973. She and her family will move to Connecticut in June where she plans to practice pediatrics in Bridgeport.

1965

James R. Hattaway is in partnership with **Carl V. Hancock,** practicing urology in Albany. **Edward Dempsey** will complete his ENT residency in July and plans to practice otolaryngology in Athens. **Morgan A. Cowan** will be chief resident, neurosurgery at ETMH from July '73 — July '74. His wife Jan just completed a term (1972-73) as president of MCG Interns & Residents Wives Club. They have two children. **Rufus L. Neville, Jr.** has been appointed assistant professor at the George Washington University Medical Center in the Department of Urology. He and his wife, Mary Ann, have four children and are presently living in McLean, Va. **William (Bill) H. Holbrook** completed three years general radiology residency at Emory in September, spending an additional year training and teaching as a member of the junior staff, Emory University Hospital. His wife Laura is kept busy with their two boys ages 5 years and 18 months. **L. E. Brown** has passed written examinations of the American Board of Ophthalmology. He will be in the U. S. in May for oral exams. **Dolph Adams** is a professor of pathology at Duke University Medical Center, Durham, N. C.

1966

Jack G. Williams of Tifton, is entering Indian Public Health Service at Gallup, N. M., in July, as a pediatrician. **Forte C. Rabb**, finished his dermatology residency at the University of Tennessee in July, and is now practicing in Gainesville. **Myron D. F. Collins** is practicing orthondontic surgery in Augusta. **Van Cise Knowles** is completing a general surgery residency at ETMH and in July will be entering an association with **J. Daniel Bateman,** '54, in Albany.

1967

M. Ronald Stephens completed his residency in March and joined the anesthesiology staff at MCG as assistant professor in April. **Marion G. Bolin** has been appointed associate professor in radiology at Emory University. **Wayne Joiner** is chief of the Radiotherapy Department at Fitzsimons General Hospital in Denver, Col. **Elizabeth M. Heimburger** is currently assistant professor, director of inpatient services and director of the Adolescent Program, Division of Child & Adolescent Psychiatry, University of Texas Medical Branch, Galveston. Her husband, Dr. Richard Heimburger, (MCG surgery residency '64-'69) is in private practice of plastic surgery. The Heimburgers have three children, Margaret 6, Richard 4 1/2, and Katy 2 1/2. **Carol F. Meyer** is residing in Ancon, Canal Zone, and working as a pediatric allergist with the Panama Canal Company at Gorgas Hospital. Dr. Abraham Snied (Pediatric Cardiology MCG '69-'71) is a consultant to Gorgas Hospital. **William C. Shelor, Jr.,** is a resident in urology at MCG. **Chappell A. Collins, Jr.,** has moved his practice from Camilla to Albany. **William Lee Wilkes** will be entering active duty at Vandenburg AFB, California, in July for 24 mos. after finishing an otology fellowship in Richmond, Va.

1968

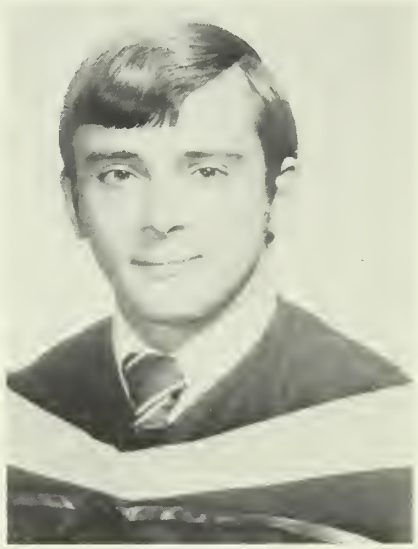
Howard T. Abney, '68, is chief resident, surgery, at the University of Florida. **Robert S. Thornton,** '68, will become chief resident of neurology at the University of Florida Hospital in July. **Merrill Philip Bacon** has completed his anesthesia residency at LAC-USC Medical Center in Los Angeles, Calif. He is now a major in the Air Force and director of anesthesia at Tinker Air Force Hospital, Okl.

1969

Harry E. Dawson, Jr., is a third-year general surgery resident at MMC in Savannah and is presently rotating through the MCG Hospitals for 6 months. In July he will begin a 3-year residency in plastic surgery at Baylor College of Medicine at the Texas Medical Center in Houston. His wife, Frances, is a former neurosurgery research technician at MCG. They have three daughters. **James Emory McKinney** is completing his second year of urology residency at ETMH, Augusta. **Jim Mimbs** is a resident in internal medicine at Barnes Hospital, St. Louis. **Robert E. Kelley, Jr.** will begin his practice of ob-gyn in Athens July 1.

1970

Verne E. Cutler is a Captain at Keesler AFB, Miss., assigned to duty as a flight medical officer. **Jesse Drake Hester** is a second year resident in ob-gyn at the Medical Center of Central Georgia, Macon. **Carlene Willison** is a second year resident in ob-gyn at the University of Florida at Gainesville. She was married in December, 1972, to William Elsner of Steubenville, Ohio, now a senior medical student at the University of Florida. **Jim Thomas** is a chief resident in medicine at Hermann Hospital, Houston, Texas. **John W. Greene** will finish his tour of duty with the U. S. Army in July and begin a pediatric residency at Vanderbilt University. **Charles H. Richardson** has accepted an orthopedic residency at Johns Hoskins Hospital starting in July. **Arthur Kelly** will begin his pathology residency at the University of Florida this summer. He and his wife are the proud parents of a new daughter, Beth. **Thomas J. Tidwell** is a second year radiotherapy resident at M. D. Anderson Hospital, Houston, Tx.



The parents of Capt. Bobby M. Jones, MD, class of 1971, have informed the alumni office that Dr. Jones has been missing in action in Vietnam since November 28, 1972.

Dr. Jones, who entered the US Air Force July 10, 1972 after completing his internship at Baylor Hospital, Dallas, was a flight surgeon stationed at UDORN Airbase, Thailand. He and his pilot were the only persons in the F-4 Phantom jet fighter when it flew out of this base November 28 on a non-combat mission to Da Nang. The plane disappeared from the radar screen about 20 miles west of Da Nang with no message from the pilot or Dr. Jones that they were under fire or in any trouble.

Dr. Jones' parents continue to have hopes that he is alive and being held somewhere. His parents are Mr. and Mrs. Marvin J. Jones, 485 Adrian Place, Macon, Ga. 31204.

1971

James M. Ford will begin practicing medicine in North Augusta, S. C., June 4. **R. N. Boswell** is a resident in medicine at Strong Memorial Hospital. He is the proud father of a son born Feb. 20. **Paul J. Nicholls** is serving with the Indian Health Service in Owyhee, Nevada. **Norman J. Smith** has graduated from the U. S. Air Force School of Aerospace Medicine at Brooks AFB, Texas. He is being assigned to Robins AFB, Ga., for duty as a flight medical officer. **H. Brian Balfour** is a second year resident in radiation therapy at Jackson Memorial Hospital, University of Miami . He is married to the former Miss Ilene Susan Alder of Burlington, Vt. **William K. McCord** is continuing his residency training in pediatrics at the Naval Hospital in San Diego, Calif.

1972

Ronald M. Hudson is starting his second year of family practice residency at the Medical Center in Columbus. **Douglas P. Dozier,** and his wife, Joanne, announce the birth of a son, Douglas Persons Dozier, Jr., born March 26. The Doziers live in Augusta. Joseph B. LeRoy is doing his psychiatry residency in Charlottesville, Va.

Allied Health

Medical Illustration

Joan Godlove, '64, has recently accepted a position at the University of Texas Southwestern Medical School in Dallas, joining two other MCG graduates, Karen Waldo, '70, and **Bill Winn,** '66. **Manny Beckerman,** '71, has recently left Mt. Sinai Hospital in Manhattan for a position in an affiliated hospital in Brooklyn, N. Y. **Nadine Karsh Hunter,** '71, is working at Auburn University in the School of Veterinary Medicine. She succeeds Judy Mathewson Guenther, '62, who has moved to the Washington, D. C., area. **Bill Westwood,** '72, was married to Ilona Tierce on March 9 in Augusta. **Don Biggerstaff,** '70, vacationing from his job in St. Louis, was among those who attended the wedding.

Radiologic Technology

Kay Smiley Wright, '63, recently gave birth to a daughter — her third child. **Carol Kirschenheiter Martin,** '69, is an instructor at Wadsworth V. A. Hospital in Los Angeles. **Thomas Baier,** '70, is working at Northern Arizona University in Flagstaff developing a BS program. **Denise Creel Shelton,** '70, is now married and working in Special Procedures at Memorial Medical Center in Savannah. **Marianne Wagnon,** '71, is an assistant chief and instructor at University Hospital in Augusta. **David Hunter,** '72, participated in a continuing education seminar at the Emory University School of Medicine. His topic was Quality Control of Imaging in the Nuclear Medicine Laboratory

Medical Record Administration

Anne Dicks Hart, '64, is now director of Medical Records at the new West Paces Ferry Hospital in Atlanta. **Mildred Gilmer,** '66, Medical Record Administrator at Georgia Regional Hospital in Augusta, was elected vice president of the Georgia Medical Record Association at its annual meeting in Savannah last December. **Pat Fair,** '67, has a new job with Charter Medical Corporation in Atlanta. She is working with three new Medical facilities directing their medical record services. **Molly Shek,** '67, who lives in Jacksonville, Florida, is now the director of the Medical Record Department at University Hospital there. **Peggy Iko,** '68, has left Greeley, Colorado, for Guatemala where she is working with the Pan American Sanitary Bureau, a part of the World Health Organization. **June Walker,** '68, was married on July 28, 1972, to Dr. Robert Ooghe. June and Bob are living in Charlottesville, Virginia, where Bob is in private practice. **Mrs. and Mrs. Jim Reagor** of Natchez, Mississippi, are the proud parents of a new daughter, Amanda Ellen, born March 23, 1973. Mrs. Reagor is the former **Lynda Thorn,** '68. **Kay Adams Soutar,** '68, resigned her position as director of Medical Records at Mills Memorial Hospital in San Mateo, California, in order to spend more time with her family. She is now working parttime for a consulting firm. **Willa Dale Meeks,** '69, who was married last June to Dr. Arend Eibe Smid, is now living in Guelph, Ontario, Canada. **Sharon Hardaway,** '70, was married on November 25, 1972, to George Richard Grayum. They are living in Houston, Texas, where Sharon is the medical record administrator at Bellaire General Hospital. **Margie Hendrix,** '70, recently moved to Virginia Beach, Virginia, where she is the medical record administrator at General Hospital. **Linda Harmon,** '70, medical record administrator at St. Joseph's Hospital in Parkersburg, West Virginia, has been elected president-elect of the West Virginia Medical Record Association. **Debbie Miller,** '71, is now teaching in the Medical Record Technician Program at Central Community College of Virginia. **Gayle Clarkson,** '72, recently moved from Wheeling, West Virginia, to Birmingham, Alabama. She is working at Baptist Medical Center — Princeton. **Brenda Shoenig,** '72, was married on March 25, 1973, to Fred Allan Ellman. They live in Atlanta where Brenda is assistant medical record administrator at Georgia Baptist Hospital.

MAG PRESIDENT-ELECT
John Rhodes Haverty, MD, '53, dean of the School of Allied Health Sciences at Georgia State University is president-elect of the Medical Association of Georgia. Dr. Haverty will serve as president of the organization in 1974-75. C. E. Bohler, MD, '54, of Brooklet is the current president. Dr. Haverty has previously served as secretary, chairman of the education committee and vice speaker for the House of Delegates of MAG. He is a member of the American Medical Association, American Academy of Pediatrics, Greater Atlanta Pediatric Society, secretary-treasurer of the Association of Schools of Allied Health Professions and assistant head of pediatric department, Crawford W. Long Memorial Hospital. Dr. Haverty received his A.B. degree from Princeton University.

Class Reunions

MCG ANNUAL ALUMNI DINNER GUESTS ENJOY POOLSIDE SOCIAL HOUR
Gathering was at the Richmond Hotel in Augusta

CLASS OF 1928 The Class whose graduation in 1928 marked MCG's 100th anniversary gathered in Augusta in May for their 45th Class Reunion. They are (L-R) Drs. R. K. Wilson, S. H. Haddock, H. H. Landcaster, Hoke Wammock, Leila Daughtry-Denmark, C. G. Henry, J. M. Byne, T. G. Smaha, K. R. Fouarcher, John I. Paul and John M. Caldwell. (Photo by Rogers Studio, Augusta)

CLASS OF 1933 The Class of '33 observed its 40th Class Reunion at the Old Government House in Augusta during May. A special guest was Mrs. Lombard Kelly, wife of the late president of MCG. They are (L-R) Drs. H. A. Graves, Rufus F. Payne, Albert G. Leroy, Mrs. Kelly, Drs. Herman Brooks, I. S. Giddens, R. T. Heath, A. G. Thurmond, A. C. Ward and Virgil S. Steele. (Photo by Rogers Studio, Augusta)

CLASS OF 1943 The March of 1943 Class held its 30th Reunion in Augusta in May. They are (L-R) Front Row — Mrs. G. W. Brown, Dr. Brown, Dr. P. J. O'Neal, Dr. J. B. O'Neal ('44), Dr. and Mrs. D. L. Hearin, Dr. and Mrs. W. D. Watson, Mrs. T. L. Clary and Dr. Clary. The third row with wives pictured seated in front of graduates: Drs. R. E. Fokes Jr., W. L. Salter, G. E. Seymour, I. R. Berger, C. I. Bryans Jr., F. N. Clements, J. W. Ashford (no wife pictured), P. L. Freeman, C. V. Pate, N. F. Yeomans, G. M. Kelly, R. G. Ellison, J. M. Martin, J. M. Jackson and J. B. Rabun. (Photo by Rogers Studio, Augusta)

CLASS OF 1954 — Among classes holding reunions during the May Medical Association of Georgia meeting in Augusta was the Class of 1954. Shown (L-R) Front Row — Drs. Lamar S. McGinnis, D. O. Chait, H. L. Cheney, Betty Morgan, Van B. Saye, C. Emory Bohler, Knox Walker, Henry Scoggins, J. Dan Bateman, and Charles R. Hatcher. Second Row — Drs. Grady Coker, Joe Christmas, W. M. Eubanks Jr., J. A. West, Harold Ramos, Albert Howard. Back Row — Drs. E. M. Nicholas, Bob Pearce, Herman Peskin, W. A. Wood and W. J. Dickson. (Photo by Rogers Photography, 3324 Emerson Dr., Augusta, Georgia.)

CAMPUS TOURS WERE HELD SATURDAY AT MCG FOR ALUMNI AND FRIENDS A Group of Alumni and Wives View The Microscopy Area

daughters of an English missionary. They had been born in India and, though educated in England, had devoted their lives to teaching Indian children and spreading God's good news.

Their home was about 50 yards down a very narrow mountain path. There were a multitude of flowers blooming around the cottage: dalias, daisies, and black-eyed susans.

We realized the sister who was sick was in intractable heart failure and without proper treatment could not live much longer. Miss Ruth, her sister, was an amazing woman. She looked every bit of her 70-odd years, but was as active as a much younger woman. Miss Head spent the night with them and Nelson and I went into the village with another missionary, who like the Redmans, had found it impossible to retire and had decided to stay in India.

When we began our long drive home, I think the entire village turned out to see the Redmans off.

Miss Redman died soon after we returned to Frances Newton. She was buried in the hospital cemetery. Her sister immediately went back to the people with whom she worked and loved. How amazing these women were! They gave up their own country and people to show their faith and live exemplary lives helping a developing people. I shall never forget them.

Nelson Dodge, the volunteer mechanic, and I became good friends. We often went to the village garage and parts store. Each time we went to this garage, a young mechanic of about twenty years greeted us. He could speak no English and we could speak no Hindi. This young man, who worked so hard at being a good mechanic, was crippled. He suffered a compound fracture of his proximal tibia when he was 10 years old. The bone had been set by the local bonesetter since his family was too poor to go to a doctor. Unfortunately, an infection had set in. After several months in bed the break and the infection finally healed but with disastrous results. The young man's leg was flexed at a ninety degree angle. The poor fellow was forced to walk in a squatting position.

This deformity could easily have forced many men to become beggars, but he chose to work — and worked happily. We brought him to the hospital one day and asked the orthopedic specialist to see him. The specialist thought it would be possible to make the leg straight, although he could not restore mobility to the knee joint. The operation would be tricky and would involve being in a cast for about three months. The young man was agreeable to the surgery, but there was no money available. How could he leave work for three months, much less pay his hospital bill? His work supported his widowed mother as well as himself. We waited. It seemed no answer to this problem would appear. Then two checks came. One came from Nelson's home church in New Zealand and one came from my home church in Georgia. Together we had enough money both to pay a major part of the hospital bill and to help support the boy's mother while he was hospitalized.

The operation was performed two weeks before I left. It was successful! You have never seen anyone so proud of anything as this young man was of his straight leg. Thanks to concerned Christians in two very distant parts of the world this young man will stand straight and tall.

I will always be grateful to Medical Assistance Programs for making this experience possible for me.

I look forward to the time when I can again share in the life of a developing country, both giving and receiving, both promoting growth in others and growing myself. At a time when life in the United States is torn by violence, materialism, and hypocrisy; at a time when it would appear to some that "standard of 'decency' are in flux no less than fashions in dress or on dating",[2] an experience such as I have had reconfirms for me the fact that there are certain "first principles;; that are "given and natural, — that they can be sought and found, and that truth is not a matter for each one to determine for himself".[3]

Charles Malik said "— no man, no culture, no nation is self-sufficient. We do need one another if for no other reason than our oneness as human beings. Man can never

complete himself except in the summing up of all men." John Donne wrote, "No man is an island, entire of itself."

This basic truth is at the heart of Christianity. I am, I hope, richer by India. I know that I am better prepared for life and more than ever committed to the "first principles" that prompted me to embark on this endeavor.□

[1] (The title of this article was taken from a book written by the wife of a missionary doctor who served at the Christian Medical College in Ludiana.)

[2] Washington Post Oct. 28, 1970.

[3] Charles Malik in an address to the officers to the Coca-Cola Company at the Sterling Institute in Washington, D. C., January, 1972.

Bolivia continued

diagnosis and make them explain why they would use a specific treatment. This varies from their usual training, which is merely trial and error. I began seeing patients by myself this morning and found that after a week, I could take a fairly good medical history. There are only so many ways to say cough, vomit, diarrhea, and fever and that, of course, is the heart of pediatrics. The sickest children are those of the migrant workers from the mountains, who are desperately poor and ignorant.

We settle down for a pleasant lunch at 1:30 p.m. in the hospital kitchen. We always have a hot soup, more accurately a broth, with an occasional piece of chicken neck or gizzard floating in it. For our meat, we would usually have a small piece of beef pounded flat and cooked exhaustively or, more often, chicken, which is very plentiful in this area. There is bread and usually a potato or yucca. Yucca is somewhat like eating burlap, but if you put some oil and salt on it, it becomes almost chewable and pleasant. Our drink for lunch was always a surprise because it was one of the fruits left over from a previous meal, such as papia blended with concentrated milk and sugar, making a fruit milkshake. After lunch, we go back to our quarters for about 45 minutes of relaxation and reading and then back to the clinic at 3:00 o'clock.

The afternoons are interesting, in that I have a private clinic during these hours. In order to increase the interest of local well-to-do people in the facilities of the clinic and to advertise their teaching program, it was broadcast on the local radio that an American specialist in pediatrics would be having a clinic five afternoons a week for two weeks. The charge was outrageously high, $2.40, whereas the usual clinic visit cost is 50 cents. Therefore, I got the "carriage trade". This was a great deal like any American pediatric practice with the parents worrying about their children, who were not eating well or had recurrent sore throats or other maternally oriented problems. In these afternoons, I get a medical history from the parents, usually speaking through a translator. There was really nothing unusual other than what I would call the "missionary syndrome". From my brief exposure, I would say that the missionaries are an extremely dedicated and single minded group of men. They work hard and long hours under unpleasant circumstances and are absolutely dedicated to their work. This single mindedness of purpose leaves the rest of the family in rather much of a turmoil. The mothers, who are usually quite capable people at coping with situations, are left alone for long periods of time.

The children and mothers are exposed to a real cultural shock, especially when they go to any of the Spanish speaking schools. I saw many cases of psychologically oriented illnesses in the children. When questioning closely about the type of life they were leading, you could see the brunt of the missionary's zeal was being born by the mother and children who were left, to a certain degree, in a emotional vacuum.

In some cases, I even suggested that the families might need to be separated for a period of a year, while the husband completed his work. It was quite similar, but more exaggerated than what you might see with the family of a busy, compulsive businessman or doctor in this country. However, these people are under a greater stress because they had few social affairs or friends with whom to sympathize.

Supper at the general hospital consists usually of a fruit drink that was unfortunately like a mixture of Koolaid and cough medicine, a small amount of meat, always rice, a bowl of soup and perhaps a fruit dessert. At the general hospital, the meals are more meager than at the Children's Hospital and I usually go away hungry.

I give a 9 p.m. lecture to the hospital staff each evening. It is done through a translator, which I find

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to be quite a simple way of lecturing since you have time to think carefully about your next sentences while the translation is being done. The necessity to present approximately 10 lectures came as a surprise to me, since I had not planned on this activity and I have to spend a fair amount of time sitting and thinking about subjects in which I have not lectured for many years. It is enjoyable to see how the general principles of physiology can be applied to any area of medical discussion and how we could branch off into the treatment of adults from this knowledge and have an excellent discussion. The doctors, both in training and in practice at the hospital, are excellent physicians and are quite up-to-date in much of their knowledge. I do have to adjust to the fact that many diagnostic tests I would use in my country are not available in this area and have to keep a very practical outlook on all of the problems we discuss. Probably the areas to which I added some help were the insistence upon an adequate physical examination and the establishment of simple rules for the use of antibiotics, which are tremendously overused in this country. Between 10:15 and 10:30, we conclude and I generally talk to some of the people with whom I am working until about 11:30 and then call it a day. Falling asleep is no problem!

Monday, April 10, 1972

Today was an extremely busy day from a medical point of view. We saw at least 50 outpatients and have quite a few sick infants in the hospital. It is quite frustrating here because we lack the facilities to diagnose the occasional unusual diseases that we see. An example today was a 12-year-old girl, who had an infection of the dorsal section of her foot for two years before her parents brought her in. This girl had not walked for a year because of the infection and it's a possibility that this might be a case of cutaneous leishmaniasis. We took biopsies of the material, but the nearest pathologist is in Santa Cruz, 30 miles away; and when the specimen was taken to that city, he was on vacation. There were no facilities for storing the specimen adequately, so it was thrown away.

We have a 15 year old boy, who presented yesterday with acute fulminating tracheitis and was treated with intravenous Chloromycetin. He also has generalized hyperpigmentation and a past history of tuberculosis, so it is quite likely that he has Addison's disease on the basis of tuberculosis of the adrenal glands. Again, there are no assays available to determine if that is the case.

All of the children present with parasites of one type or another and the diagnosis of these by stool examination is fairly simple and the treatment, similarly, fairly simple. Ascariasis can be suspected by noticing the slightly distended lower abdomen of the children and the history of abdominal pain.

One of the more unusual diseases is Chagas' disease, which is more prevalent to the north of here. This is due to Trypanisomacruzi, which locally is carried by the vinchuca bug. This insect, resembling a cockroach, lives in the thatched roofs of the huts and bites a person or child on the face at night. As he bites, he defacates and the tripanisoma containing feces are left on the face. A child or an adult will typically rub his eyes in the morning and the conjunctiva is the portal of entry. There may be conjunctivitis and preauricular lymphadenopathy in the acute phase of the disease. In small infants the disease progresses rapidly to a myocarditis and death. In older people, there may be a latent phase of many years with no apparent disease and then it will present either as chronic myocarditis with cardiomegaly or as aganglionic megacolon causing intestinal obstruction. I have yet to see a case of this and similarly have not seen any cases of malaria or of yellow fever or rabies, which do occur in this area. Last night, in the general hospital, I examined an adult, who apparently has tetanus.

The point that's most interesting to me is the fact that the majority of the diseases seen in the tropics, excluding the previously mentioned diseases, are really those that we associate with poverty and are the same diseases that were seen in our country as a chief cause of morbidity and mortality, approximately 50 - 100 years ago. The malnourished children, the acute and multiple infections, the parasites, the acute diarrhea and dehydration were all the common illnesses in our country in times gone by and are still seen in those areas of Georgia and other states where the people are quite poor and medical care is not available.

The care of the children with chronic malnutrition and diarrhea, which represents the majority of our inpatients, is interesting. During the dehydration phase, an extraordinary amount of sodium and potassium needs to be given to replete their body stores lost during the long process of malnutrition and the short process of acute diarrhea. After the recovery from the acute dehydration phase, the children may go through a period of marked apathy and frequently have to be fed by nasogastric tube. Following that, their appetite slowly returns and they begin to eat; but looking at them, you see that there is a luster lacking from their eyes. Finally, however, health returns and you can see the brightness returning to their eyes. In our situation, the only children that we could successfully treat were those whose parents could come also for education because it was found that if the children were treated for their malnutrition and sent out without parental education, they would return soon, equally ill.

An interesting misapplication of microbiology exists here. A child will come in with a sore throat and questionable tonsillitis. A throat culture will be taken and sent to the best laboratory in Santa Cruz. The result will usually read, "gram negative and gram positive organisms present", and this will be the only identification of the organisms. Then will follow a list of sensitivities of the mixed bacterial flora to approximately 10 to 20 antibiotics. Characteristically, the doctor will pick the top three or four antibiotics to which the organisms are sensitive and treat the child with those for a period of up to a month or two. Needless to say, this is very expensive and, of course, frequently leads to change in the intestinal flora and chronic

diarrhea. I was shocked to see that the price of the newer antibiotics is prohibitive in these countries, leading to the use in South America of antibiotics, which have been deleted from our common pediatric usuage in the United States because of complications. Two examples are the use of tetracyclene and chloramphenicol. I wonder if the American and European pharmaceutical companies are purposefully using the South American market to get rid of the drugs that are known to be potentially harmful or of less value.

Amongst our other unusual cases today, was a teenage girl who had been bitten in the jungle by a snake. I was all set to begin reading about the effects of cobra venom and things like that, but shortly found out that there are very few venomous snakes in this part of the country. I went in to see the girl, whom the parents thought had become paralyzed from the snake bite. Actually, she had classical tetany from hyperventillation resulting from her hysteria. After breathing into a bag for a while and an injection of valium, she was quite well.

It is fun to return to doing a lot of different things medically. Every day we have children coming in with large absesses, usually a suppurative lymphadenitis. In order to drain them on the younger children, we put them to sleep with intravenous Ketamine. It's used so commonly around here that people pay very little attention to it and they thought I was rather peculiar in that every time I used it, I insisted that they have the Hope resuscitation bag and mask in the same room with me.

Wednesday, April 12, 1972

Medically, this was another interesting day and a pitiful one. Amongst the many sick children, was a six month old infant who had been vomiting and had fever for three days. The fontanelle was bulging and it looked like a typical case of meningitis. After much persuasion, we talked the mother into letting me do a spinal tap. The fluid was grossly cloudy and the smear showed organisms, probably hemophilis influenza; but then the drama began because the mother was unhappy to have her child in the hospital. Just as we were starting the IV to begin treatment with chloramphenicol, she rushed in and took the baby from us and went out to the front of the hospital. There she spent the rest of the day talking to all of the parents that were coming in, saying that we wanted to keep her baby but that she did not think it was safe. In spite of all of the efforts of the local people pleading with her and of the nurses and doctors talking to her, she finally told us that she would take the baby home and if he did not recover in a few days, she would bring him back. She was an indian woman and obviously had had no exposure to the benefits of medicine before.

Another child who came in two days ago in status epilepticus was taken home today. The child, a three year old, had been convulsing at home for one day, and once we finally stopped the convulsions, was obviously without much brain function left. We explained to the parents about tube feeding and about maintaining life, but they felt it better just to take the child home and let him die there. This to me seemed a very appropriate treatment in this society.

Instances like the two above, where you are faced with the futility of what you are doing in this impoverished society, make me realize that the money spent on my trip could have been spent better on some type of public health measures and the pediatrician is not needed here as much as general public health measures to help the population and to prevent diseases.

Saturday, April 15, 1972

One sees all "kinds and conditions" of people here. The majority of the population in this area are Spanish and Mestizo. Amongst them are many who are well off. These are the large land owners around Santa Cruz and Montero who harvest the sugar cane, cotton, and other crops. The people that work for them and the petrochemical companies are, although not well off, living comfortably for the standard of this country. They at least have food and a place to sleep and are aware of the systems of health and educational care available in the area. These form the majority and are extremely friendly.

I went last night to a meeting of the Rotary Club in Montero, which is a very active organization here and has, for example, contributed to the construction of the Children's Hospital and the General Hospital in town. Prior to the meeting, we had a local drink made of some type of grain alcohol mixed with papia juice. Our meal consisted of a delicious salad, lasagna, and a fruit dessert. With all the meals beer is served, which is made in La Paz and is of exceptionally good quality. Several of us, after the party, went to a restaurant to sit outside, drink beer, and listen to some of the doctors playing the guitar and singing. Several of the doctors here are accomplished musicians and it's very interesting to hear the popular songs that are growing up around the newly colonized areas. There's a great deal of spirit and enthusiasm of these people over the new areas of Bolivia that are opening up, and they feel a fierce patriotism toward the eastern section of Bolivia as opposed to the mountainous areas.

At the Rotary meeting last night, I had an interesting conversation with an exchange student from New York City. This eastern area of Bolivia is where Che Guevara tried to start his guerrilla movement to bring about a revolution in the country. In fact, he was killed in the area north of Montero. There are interesting stories circulating about the specially trained troops who are still here; trained by the CIA and who, when they finally located Guevara and his guerrillas, were given two weeks to get in there and eliminate him, or the CIA personnel would do it themselves. I have no idea of the validity of this story. It's a very popular type of story amongst the people because it indicated to them their interpretation of the United States as a self-interested party intervening into South American politics with occasional good results. However, since Guevara's death, the government has passed a ban against any personal attribute that reminds them of the guerrillas. The student, to

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whom I was talking, had unfortunately not gotten his hair cut before he came from New York. There is a specific law against wearing long hair and the first day in Montero, according to him, he was seized by the local troops, who were going to take him to the barber shop. He made the youthful mistake of resisting and running, whereupon he was immediately caught, given a bit of roughing up, and then held in the barber chair while he was very thoroughly trimmed. Fortunately, the doctors here at the medical center have gotten a special dispensation from the local authorities and, of course, long hair has never been a problem with me.

Completely different are the indians from the Altiplano who have moved here. They do not adapt well to the climate, do not have any knowledge of the correct feeding or use of foods in this area, and very little knowledge of the availability of health care services. Frequently, they speak one of the indian dialects that is incomprehensible. A typical medical interview for me would be to ask my intern a question in English, who would ask the father in Spanish, who would ask the mother in Quechuan, and if we were lucky, we would get an answer. The indian people are rather reserved and, in this setting which is foreign to them, not very friendly.

Monday, April 17, 1972

Farther north, in the jungle, there are settlements being established continuously. There are groups of Okinawans, Japanese, Mennonites, and native Bolivians, who are being given land in tracts to clear off and start farming. Unfortunately, this does not mean immediate success for these people, since the work has to be done by hand. If this could be done and they could each be given one mule or horse, the results would be quite striking. We traveled yesterday to one of the outposts past the village of Yapacani.

At the final point of the outpost, we saw the medical facility, which was a small two room hut manned by a local native who was obviously quite bright and was a public health medic, so to speak. This is the type of medicine that is probably most valuable in this area. Government teams have come through with tuberculin testing programs, for example, and then those with positive reactions will be checked with portable x-rays and dispensed anti-tuberculosis medications, which are given out by these medics. Also, the government, with the help of donations from this country and American doctors, can go through this area and immunize all of the children periodically. As I mentioned before, this type of work seems much more valuable than trying to give specialized medical care to the people in their currently primitive state.

Wednesday, April 19, 1972

After a banquet last night, at which I received a scroll for my time and "contribution" to Montero, I went back to my room and gathered up my few belongings. Tomorrow we head for what is supposed to be an extremely interesting car trip to Cochabamba, approximately 350 miles away and into the Yungas region of the Andes.

Friday, April 28, 1972 4:00 a.m.

We are just two hours short of landing in Miami. I feel quite lucky to be getting home a day early, having caught a midnight flight from Lima, Peru. To adequately recap the last ten days would be impossible and the description of the land that I have seen is much better presented in National Geographic articles, but I will briefly review my activities.

Dr. Paz and I drove to Cochabamba and stayed there for three days while I gave lectures at the Children's Hospital and rested, trying to recover from whatever was affecting my intestinal tract. I have lost about ten pounds, but finally recovered with the empiric use of ampicilin, which was probably unnecessary. Cochabamba is a delightful city with a moderate climate and many young people associated with the university there.

The train trip from Cochabamba to La Paz, which took approximately ten hours, was spectacular as we climbed up through the Andes Mountains, weathered a snow storm at the height of the trip, and settled down into the Altiplano. The city itself is surrounded by some of the highest peaks of the Andes in the most spectacular setting I have ever seen. It was interesting to see the university buildings, which were still pock-marked from the shells of the last revolution and which were still closed down, as are all of the universities in the country. The University Hospital there was also closed and bullet ridden. I enjoyed visiting the "witch's market", where they had on sale various ingredients for primitive cures of disease. Included were tropical bird feathers and lama fetuses. I understand that there are many physicians in La Paz working in non-medical jobs in preference to practicing medicine in the more primitive areas of the country. I can understand their reluctance to take their families away from this fascinating and cosmopolitan city.

My second day in La Paz was spent in a private tour onto the Altiplanto and to the ruins of the Tiahuanacan civilization. The following day, in a group, I proceeded to Lake Titicaca, taking a tour of the islands of the Moon and the Sun, which were sacred places for the Inca civilization. I fared very well at this altitude of over 12,000 feet, except for some shortness of breath on exertion. My closest companion, however, was an Englishman who was experiencing quite a bit of difficulty with altitude sickness, which may manifest itself as a severe headache with or without cyanosis. From Lake Titicaca, we went to Puno and then by train to Cusco, Peru. This trip is the highest in the world and during it I got my English friend to try the use of oxygen, which is present on all public transportation in the area. It, however, had no effect and we found the best cure was a large bottle of wine with our dinner.

From Cusco, which was the capital of the Inca civilization, I traveled to the last fortress of the Incas, Machu Pichu. This hand-built fortress rests astride the ridge between two peaks in the Andes Mountains and is surrounded by snow covered mountains. The total construction of the walls, terraces, and elaborate buildings and temples was done by hand without the benefit of the use of wheels or any machinery other than the human and metal hand cutting tools. The stones used in the construction weigh up to thirty tons. It is beyond verbal description and to my mind, the most spectacular example of human endeavor in the world. After a night at Machu Pichu, I returned to Cusco and was quite lucky yesterday to get a flight to Lima, which arrived at approximately 10:00 a.m. Yesterday afternoon was spent visiting the Gold Museum and the Anthropologic Museum and then waiting in the airport until I could catch a plane home. Breakfast is now about to be served and in the distance, over the Atlantic Ocean, we can see the sun rising.

It is now many months later and I have read and reread my notes, looked at and shown my slides many times, and thought much about my visit to Bolivia. Many people are interested in such an experience and many of them ask: "Will you return? Was it worthwhile? What can we do to help such countries?" I certainly don't have the answers. I will return, probably, because I enjoyed the people and the change of pace. It was worthwhile to me in the sense that every experience is worthwhile. "What can we do to help?" There is little that any of us can do individually or indeed collectively to help the country. Why should we, for example, support through our churches the missionary work in other countries, when there is so much that needs to be done here? The only answer with which I could not argue was that in every land there should be some manifestation of other peoples' commitment to man, as shown through the missionary efforts. What happens when these people leave and when a program, such as that in Montero, changes or may in fact cease to exist? It would seem that all of us strive to establish something that will continue, whether it be a family, a program, or an institution, but in none of these areas do we know that they will continue. It probably really boils down to an existentialist belief that we all have influence upon other people; and if that influence is good, we have added what little we can to an uncertain existence. That, however, is a philosophical question that has to be answered by the people who spend longer periods of time there. Mine was merely a visit.□

New Alumni

The Medical College of Georgia granted degrees to 323 June 2 at the institution's 138th commencement.

Dr. William H. Moretz, president of MCG, conferred the degrees which included: 132 MD's, 23 DDM's (the first graduating class of the School of Dentistry), eight PhD's, 33 master of science degrees (24 of them in nursing), 58 BS degrees in nursing and 69 BS degrees in the allied health professions of dental hygiene, medical record administration, radiologic technology, medical illustration, medical technology and physical therapy.

The increase in number of graduates was from 220 last year to 323 this year boosted by the first class of dental students, 38 additional MD's and a large increase in the BS program students.

Commencement ceremonies were at 8 p. m. in Bell Auditorium. Individual class and school activities, banquets, and receptions were held during the week preceeding formal commencement activities.

The new alumni, listed alphabetically, by degrees are:

Doctor of Medicine

Scott Abramson, Atlanta; James David Acker, Elberton; Phillip Nolan Bannister, Cumming; Stuart Marshall Barnes, Atlanta; Wilbur Benson Bassett, Jr., Juniper; David Alan Bayne, Decatur; Gertrude Kristine Bennett, Atlanta; William Jerry Bennett, Atlanta; Charles Whitner Blount, Jr., Waynesboro; Margie Elaine Boyles, Waycross; Clinton Emmitt Branch, Jr., Atlanta; Edward Bromberg, Atlanta; James Campbell Buie, Valdosta; Samuel Francis Burke, Jr., Thomaston; Benjamin Robert Busbee, Macon; James Andrew Campbell, Augusta; John Davidson Carson, Savannah; Matthew Drayton Carson, Monroe; Jeffrey Ira Clark, Atlanta; Charles Hamilton Coleman, Jr., Waynesboro; John Robert Cook, Macon; Louis Irwin Cooper, Savannah; Abram Taylor Coppage, III, Valdosta; Robert Newton Cross, Jr., Atlanta; George Albert Dasher, Augusta; James Watson Richard Davis, Thomasville; Richard Oliver Davis, Winder; James Mark DeLong, Jr., Gainesville; Robert Erwin Dicks, III, Augusta; Gary Amon Dillard, Columbus; Harry Neil Dorsey, Albany; Franklin Jefferson Duffey, Jr., Hapeville; Van Bowling Elliott, Jr., Alpharetta; David Engel, Albany; Robert Alexander Erdin, Jr., Atlanta; Daniel Michael Feldman, Augusta; Sharon Jan Fitzgerald, Tucker; Michael Clement Fitzpatrick, Madison; Thomas Vernon Foster, Jr., Columbus; Margaret Louise Frank, Decatur; Charles Raymond Freeble, III, Jekyll Island; Pickens Allison Gantt, II, Greenville; Stephen Arthur Godlewski, Atlanta; Aaron Stanley Goldberg, Savannah; Otis Lee Gray, Jr., Savannah; Margaret Orr Green, Waynesboro; David West Griffin, Sr. Atlanta; Shelley Aubrey Griffin, Jr., Waynesboro; Leon Ray Gross, Atlanta; Garland Keith Gudger, Greenville; Marshall Anderson Guill, III, Washington; Elias George Haikal, Augusta; Howard Kenton Hamilton, Rome; William Larry Harrell, Valdosta; Frank Nickolas Hamilton Harrison, Jr., Augusta; Gary Noel Harrison, Savannah; Gary Lee Hattaway, Milledgeville; John Clifford Hawkins, III, Columbus; Barry Merle Henderson, Morganton; James Swann Hixon, Cuthbert; Linton Stephen Holensenbeck, III, Milledgeville; William Richard Howard, Jr., Milledgeville; Charles Gordon Howell, Jr., Lakeland; Douglas Edward Howell, Fayetteville; Garey Harrill Huff, Madison; David George Hughes, Warner Robins; Don Gary Karolyi, Augusta; John Walter Kelley, Augusta; Francis Burns Kelly, Jr., Macon; William Samuel Kelly, Jefferson; Daniel Lee Kingloff, Atlanta; Richard Alan Langford, Gainesville; Elizabeth Kinloch Ledbetter, Augusta; Tommy Leonard, Jr., Columbus; Walter Joseph Levy, Jr., Atlanta; Joel Elliott Lightner, Ellaville; Alexander Hartman Lorch, Jr., Atlanta; Marjorie Marie Luckey, Harlem; Jerry Andrew Majure, Columbus; Roger Pierce Martin, Cumming; William Mann McClatchey, Atlanta; Donald Alvin McEachern, Atlanta; Donald Roswell McRae, III, Augusta; Cheney Mell Meiere, Jr., Augusta; Bruce Robert Mirvis, Augusta; John Albert Mitas, II, Forest Park; Thomas Carlisle Moore, III, Atlanta; Robert James Moye, Jr., Swainsboro; Dawson Leigh Murphy, Atlanta; Richard Lee Myers, Savannah; William John Neglia, Marietta; Charles Lawton Ogburn, Jr., Macon; Thomas David Paine, Atlanta; James Robert Peel, Atlanta; George Lee Phillips, Jr., Macon; Harold Wendell Pitts, Gray; James Brown Polhill, IV, Louisville; James Martin Potts, Jr., Gainesville; Suzanne Garrett Pratt, Columbus; Joseph Daniel Proctor, Jr., Woodbine; John Michael Putman, Dublin; Larry Dennis Ratliff, Holland; Richard Reginald Reynolds, Sumner; Michael Frederick Roberts, Decatur; Sara Barbson Rogers, Cedartown; Mark Stuart Romoff, Atlanta; Grady Edward Rozar, Jr., Atlanta; James Chris Sackellares, Garden City; Richard Borden Sasnett, Jr. Atlanta; James Metherson Seeger, College Park; Rudy McKey Shirley, Macon; Stephen Michael Shlaer, Brunswick; Rick Steven Shuman, Statesboro; Victor Eli Silverman, Augusta; Jerry Joseph Smaha, Macon; Rodney Lewis Smith, Belvedere, S. C.; James Ronald Stephens, Forest Park; Hubert McCrary Suber, Montezuma; James Ivory Suit, LaGrange; Paul Michael Thaxton, Athens; Mason Paul Thompson, Greensboro; Johnathan Paul Vansant, Powder Springs; Otis Rodney Vickers, Ambrose; James Pleasant Watson, III, Nashville; Jubal

Robert Watts, Bowdon; Marion Louis Weinstein, Greensboro; Robert Hewitt Warton, Jr., St. Simon's Island; William Otis White, III, Augusta; Ronald Norman Whitmire, Gainesville; Gary Benton Williamson, Athens; Claude Watson Wilson, Georgetown; Robert Jethro Wyatt, Rome.

Doctor of Dental Medicine

Reamer Wilson Allmond, Jr., Millen; William Oliver Batchelor, Macon; Jeffrey Carl Carstens, Atlanta; Sammy Albert Caves, Douglas; Douglas Patrick Clepper, Atlanta; Herman Anthony Elder, Cornelia; Robbert Allan Foster, Jr., College Park; Robert Lee Gordon, Augusta; James Eugene Haddad, Jr., Decatur; Donald Lee Hand, Nashville; Rudolph Cole Harrington, Jr., Winnsboro, S. C.; Herman Woodrow Herring, Jr., Elberton; Thomas Lee Isaac, McCaysville; Durwood McKinley Johnson, Jr., Covington; William Miller Jopling, Augusta; Phillip Hickson Miller, Irwinton; Louie Felton Peede, Jr., Hinesville; Stephen Norris Richie, Bremen; Ulderico Edmond Sacco, Jr., Augusta; Larry Henry Stephens, Trion; Richard Wayne Teets, Columbus; Tobin Barrett Trotter, Augusta; Robert Lee West, Savannah.

Doctor of Philosophy

Graeme Victor Chapman, Augusta; Augustine Heng-Lung Chuang, Nantou, Taiwan; Chung Yin Hung, Augusta; Richard Joel Lieb, Lodi, N. J.; Cheng-Hsiung Lin, Augusta; Stephen Joseph Mattingly, Evansville, In.; Thomas Raymond Morgan, Topeka, Ks.; Robert Allen Vargo, Augusta.

Master of Science

David Francis Counts, Houston, Tx.; Jonathan Dissin, Elkins Park, Pa.; John Joseph Mosca, Baltimore, Md.; Frederick Rutledge Nusbickel, Winter Park, Fl.; Jo Alice Walker Stallings, Carrollton.

Master of Science (Medical Illustration)

Judith Myra Glick, Elizabeth, N. J.; Gail Evelyn Owen, Decatur; Anne Marie Vancura, Augusta; Sandra Ruth Wells, Monticello, Ar.

Master of Science (Nursing)

Susan Elizabeth Alden, Augusta; Mary Alice Lacey Bailey, Yankton, S. D.; Carol Jean Hooker Bowie, Lighthouse Point, Fl.; Juanita Bowsher, Evans; Rosalyn Roesel Cadle, Augusta; Ruby Pauline Campbell, Murray, Ky.; Ernestine Bady Davis, Tuscaloosa, Al.; Sandra Josephine Evans, Lake Charles, La., Ethel Parker Hall, Augusta; Frances Virginia Greene Harley, North Augusta, S. C.; Margaret Hall Holcombe, Iva, S. C.; Lucile Hall, Holsinger, Durham, N. C.; Frankye King, North Augusta, S. C.; Barbara Maria McKenna, Canal Zone, Panama; Geneva Morris, Statesboro; Parivash Shahidpour Mura, Shiraz, Iran; Barbara Dianne Muschick, Mt. Pleasant, S. C.; Nelle Brotherton Ramage, North Augusta, S. C.; Phyllis Elaine Richardson, Monroe; Othella Parker Stillwell, Augusta; Eleanor Wallace Walker, West Monroe, La.; Edith Joye Watson, West Columbia, S. C.; Judith McClellan West, Augusta; Emily Josephine Myles Young, Augusta.

Bachelor of Science (Nursing)

Deborah Ann Atwater, Macon; Lee Willingham Bell, Milledgeville; Priscilla Molyneux Bence, Augusta; Betty Bright Bennett, Savannah; Sandra Medford Bowman, El Paso, Tx.; Brenda Kay Brown, Savannah; Mary Bell Chou, Augusta; Patricia Barnett Christensen, Belvedere, S. C.; Karen Marie Clarkson, Augusta; Deborah Deanne Clifford, Augusta; Mary Barbara Collins, Milledgeville; Beverly Anne Tussing Craig, Augusta; Helen Timmerman Cranford, Augusta; Linda Lorice Daniel, Americus; Pamela Corlett Deaton, Milledgeville; Seward Lott Eason, Jesup; Marion Patricia English, Charleston, S. C.; Olga Ozbolt Etheridge, Dublin; Donna Mae Fair, Augusta; Roger Dale Griffin, Augusta; Marta Lee Griffith, Atlanta; Mary Helen Hamilton, Augusta; Jennifer Lynn Hammack, Swainsboro; Deborah Eunice Hardy, Lula; Bonita Watson Hickman, Worthington, Oh.; Ronald Eugene Hobbs, Augusta; Katherine Margaret Hodder, Wilmington, N. C.; Leta Martin Holder, McIntyre; Karen Herpolsheimer Holdmann, Augusta; Halvor Edward Iverson, Jr., Augusta; Faith Irby Jenkins, Jonesboro; Martha June Kirkland, Covington; Kathleen Sprague Lesnevich, Augusta; Mattie Arnell Lewis, LaGrange; Beatrice Rollins Mackey, Augusta; Kathleen Jeannette Magri, Dublin; Karen Conner Martin, North Augusta, S. C.; Brenda Faye Morrison, Middletown, Pa.; Lynne Chappell Myers, Decatur; Peggy Lea Eunice Palmer, St. Simon's Island; Deborah Vance Pepper, Augusta; Ellen Marie Pitts, Columbia, S. C.; Susan Roan Rogers, Thomaston; Vicki Lynn Scarbrough, Jonesboro; Judith Eberle Seidenschnur, Augusta; Debra Sue Shivers, Macon; Eloise Newton Sibley, Augusta; Carolyn Silvey, Greensboro; Peggy Elaine Simmons, Toccoa; Gloria Walker Skinner, Augusta; Gail Diane Smith, Americus; Elizabeth Ferris Thompson, Glennville; Beatrice Stepp Vaughan, Augusta; Linda Elizabeth Watts, Avondale Estates; Martha Ann Weaver, Ellijay; Linda Claire Wellons, Americus; Pamelia Jo Wilkinson, Harlem; Grace Anne Willard, Memphis, Tn.; Glenda

Mae Wooten, Milledgeville.

Bachelor of Science (Dental Hygiene)

Linda Anne Akel, Leesburg, Fl.; Margaret Jane Ansley, Moultrie; Carol Elizabeth Bradley, Charleston, S. C.; Judith Anne Cochran, Dalton; Betty Burnett Gentry, McEwen, Tn.; Vikki Lynne Gottsman, Brooksville, Fl.; Iris Lamb Green, Aiken, S. C.; Marsha Jean Hamrick, Tallahassee, Fl.; Margaret Leola Hopper, Clarkesville; Marsha Alice Jett, Aiken, S. C.; Debra Ruth Landers, Ocala, Fl.; Cecile Nanette Lee, Jasper; Jeannett Leverett, Martinez; Majorie Ellisea Linder, Atlanta; Jacqueline Allene Merritt, Augusta; Mary Catherine Metts, Sandersville; Michele Lois Mittleman, Augusta; Susan Carter Phillips, Largo, Fl.; Robert Hunter Rackley, Jr., Millen; Erma Earline Reid, Zebulon; Doris Elaine Rutti, Augusta; Candice Dawn Sharron, Millbury, Ma.; Sheryl Ann Turner, Birmingham, Al.; Janet Hale Williams, Atlanta; Barbara Ann Yapp, Atlanta; Dianne Young, Augusta.

Bachelor of Science (Medical Record Administration)

Etta Bresnick, Augusta; Harriett Adele Friedman, Sarasota, Fl.; Mary White Glennan, Augusta; Launa Lee Graham, Marietta; Phronsie McPherson Horton, Belton, S. C.; Juanita La'Verne Burney Hunt, Augusta; Carol Ann Johnson, Waubay, S. D.; Frieda Dianne Kessler, Guyton; Mary Elizabeth Turner, Savannah.

Bachelor of Science (Radiologic Technology)

James Rhodes Adams, Jr., Newnan; Jack Lamar Dixon, Martinez; Raymond Francis Green, Sarasota, Fl.; Michael Joseph Frederick Grieco, Binghamton, N. Y.; James Franklin Jones, Edwardsville, Pa.; John Stanley Machis, Binghamton, N. Y.; Janice Boone McLendon, Aiken, S. C.; Cynthia Kay Tedeschi, Brunswick; Bonnie Jean Ward, Miramar, Fl.; David Charles Zang, Augusta.

Bachelor of Science (Medical Illustration)

Charles Hamilton Boyter, Atlanta; Mary Ann Cresswell, Phoenix, Az.; Floyd Eugene Hosmer, Tuscaloosa, Al.; Michael Perry Schenk, Sauk Rapids, Mn.; Jim Charles Wilson, Shreveport, La.

Bachelor of Science (Medical Technology)

Amy Andrews Chambers, Augusta; Marie Hicks Davis, Martinez; Marsha Elaine Gravely, Brevard, N. C.; Gloria Dianne Huff, Warrenton; Linda Teresa Kyzer, Wrightsville; Patricia Mackie, Augusta; Marilyn Mahaffey, LaGrange; Joyce Nell Parks, Murrayville; Nancy Evelyn Wilder, Augusta.

Bachelor of Science (Physical Therapy)

Sarah Chapman Adams, North Augusta, S. C.; Rebecca Bowe Case, Spartanburg, S. C.; Debra Laverne Clayton, Philadelphia, Pa.; Linda Marie Honekamp, Decatur; Julianne Hudson, Fitzgerald; Molly Sharon Maguire, North Augusta, S. C.; Bobbie Sue Mullis, Athens, W. V.; Christoper William Pole, Hollywood, Fl.; Frances Marian Rice, Beaufort, S. C.; Anne Brumby Winburn, Savannah.

Internship Assignments

Through the National Intern Matching Program, more than 75 per cent of MCG's senior medical students will serve their internships in the hospital of their first or second choice, Dr. James B. Hudson, professor of Medicine and advisor to the program has announced.

Dr. Hudson said 68 per cent of the students will be interning in primary teaching hospitals, mostly in the southeast. The others will be scattered at hospitals from California to New York.

Students not participating in the matching program made their own arrangements, and most of them got their first or second choices, too, Dr. Hudson added.

This year 33 of the 131 graduates will stay at MCG's Talmadge Hospital. They are: James D. Acker, Wilbur B. Bassett, Jr., Edward Bromberg, George A. Dasher, Robert A. Erdin,
Margaret L. Frank, Aaron S. Goldberg, Otis Lee Gray, Jr., Margaret O. Green, Elias Haikal, John C. Hawkins, III, Charles G. Howell, John W. Kelly, Elizabeth K. Ledbetter, Tommy Leonard, Jr., Alexander H. Lorch, Jr., Roger P. Martin, Martha Lane Mathis, Donald R. McRae, Bruce Mirvis, James B. Polhill, Susanne M. Pratt, Larry D. Ratliff, Sara B. Rogers, Stephen M. Shalaer, Rick S. Shuman, Victor E. Silverman, Jerry J. Smaha, James R. Stephens, Paul M. Thaxton, John P. Vansant, and Jubal R. Watts.

Six students were matched with the University of Alabama Medical Center, Birmingham. They are: Richard O. Davis, William L. Harrell, Thomas D. Paine, Richard R. Reynolds, Michael F. Roberts, and Claude W. Wilson.

Five seniors will intern at Grady Memorial Hospital, Atlanta. They are: John D. Carson, Leon R. Gross, William R. Howard, Douglas E. Howell, and Ronald N. Whitmire.

Five new interns will be going to Letterman General Hospital, San Francisco. They are Phillip N. Bannister, John R. Cook, David W. Griffin, Marshall A. Guill, III, and Linton S. Holsenbeck.

Interning at Parkland Memorial Hospital, Dallas, will be: Charles H. Coleman, Gary L. Hattaway, and Rudy Shirley.

Four seniors will intern at Spartanburg General Hospital. They are: Don G. Karolyi, Jerry A. Majure, Mason P. Thompson, and James P. Watson, III.

Those who will be interning at Norfolk General Hospital are: Gertrude K. Bennett, Samuel F. Burke, Jr., Grady E. Rozar, Jr., and Hubert M. Suber.

Four graduates will intern at William Beaumont General Hospital, El Paso, Tx. They are: William L. Neglia, James R. Peel, George L. Phillips, Jr., and Gary B. Williamson.

Going to Jacksonville to intern at University Hospital will be: Charles R. Freeble, Richard L. Myers, Joseph D. Proctor, and Robert W. Wharton, Jr.

Three students will go to Charlotte Memorial Hospital. They are: Charles W. Blount, Benjamin R. Busbee, and Frank N. Harrison.

Interning at North Carolina Memorial Hospital, Chapel Hill, will be: Thomas V. Foster, James M. Potts, and Otis R. Vickers.

Stuart M. Barnes, James A. Campbell, and Dawson L. Murphy will intern at Memorial Hospital, Savannah; while Gary A. Dillard, Pickens A. Gantt, and Joel E. Lightner will go to the Medical Center Hospital in Columbus.

Three seniors will intern at Roanoke Memorial Hospital, Roanoke, Va. They are: Clinton E. Branch, James E. DeLong, and Cheney M. Meiere.

Matthew D. Carson and Barry M. Henderson will intern at the Medical University of South Carolina Hospital, Charleston; and James W. Davis and Garland K. Gudger will go to Greenville General Hospital.

Howard K. Hamilton and William O. White will be interning at Baroness Erlanger Hospital, Chattanooga, while John M. Putnam and Richard Sasnett will go to Baylor University Medical Center, Dallas.

Harry N. Dorsey and Francis B. Kelley will intern at Baylor College Affiliated Hospital, Houston.

Stephen A. Godlewski and Shelly A. Griffin will go the the University of Arkansas Medical Center, Little Rock; and Daniel L. Kingloff and Robert J. Wyatt will intern at the University of Kentucky Medical Center, Lexington. Serving their internships at the U. S. Naval Hospital, San Diego, will be: William S. Kelly and John A. Mitas II.

The other students in the class of 1973 will intern at the following hospitals: Scott A. Abramson, Beth Israel Hospital, New York City, David A. Bayne, Mt. Zion Hospital, San Francisco; William J. Bennett, University of Texas Hospitals, Houston; Margie E. Boyles, Cleveland Metropolitan Hospital; James C. Buie, Confederate Memorial Hospital, Shreveport, La; Jeffrey I. Clark, Medical College of Virginia Hospital, Richmond; Louis I. Cooper, U. S. Naval Hospital, Bethesda, Md.; Abram T. Coppage III, Medical Center of Central Georgia, Macon; Robert N. Cross, Presbyterian Hospital, Denver; Robert E. Dicks, University of Michigan Affiliated Hospital, Ann Arbor; Franklin J. Duffey, Sheppard-Pratt Hospital, Towson, Md.; Van B. Elliot, Jr., St. Elizabeth Medical Center, Dayton, Ohio; David Engle, St. Raphael Hospital, New Haven, Conn.; Daniel M. Feldman, U. S. Naval Hospital, Portsmouth, Va.; Sharon J. Fitzgerald, Bellevue Hospital, New York City; Michael C. Fitzpatrick, University of Pennsylvania Hospital, Philadelphia; Garry H. Huff, U. S. Naval Hospital, Pensacola; David C. Hughes, Case Western Reserve Hospital, Cleveland; Richard A. Langford, Walter Reed General Hospital, Washington, D. C.; Marjorie M. Luckey, San Francisco General Hospital; William M. McClatchey, Duke Medical Center Hospital, Durham; Donald A. McEachern, Tampa General Hospital;

Dean's Page

Edward Bresnick, PhD.

"What's Past, is Prologue"

When asked to write an article for the Dean's Page, I became quite anxious initially and tried to think of reasons which would allow me to graciously beg off from this task. I had always considered myself a researcher, a teacher, and an administrator, in that order, but certainly not a diplomat. But as I thought about this chore, the less arduous it seemed.

Tremendous strides have been made in establishing the School of Graduate Studies as a functional unit of MCG, largely by Dr. Francis J. Behal, the dean of the school from its inception to 1971. We are at the brink of fulfilling our potential as a resource for this university. Hence, I've taken the liberty of utilizing a statement from Act II of Shakespeare's *The Tempest*, as the title of this article, to underscore this point.

I assumed office as Acting Dean July 1972. It was a surprise to learn the adjective "acting", to many, bears a connotation of frustration, of inability to accomplish, of inactivity. To me however, "acting" smacks of vitality, of fruitfulness, and of hustle and bustle. During the climb up the academic ladder, I've always considered myself an "acting" individual, first as an "acting" assistant professor at Baylor College of Medicine than as an "acting" full professor at that institution and finally as an "acting" chairman of the Department of Cell and Molecular Biology at MCG. I have always believed the adjective does not limit the man, but, by his own activity, the man defines the adjective.

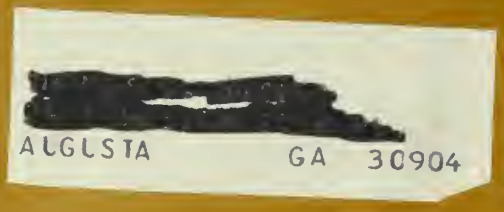
The School of Graduate Studies offers programs leading to a) the MS degree in Anatomy, Biochemistry (as part of Cell and Molecular Biology), Endocrinology, Medical Illustration, Microbiology, Pharmacology and Physiology b) the PhD degree in one of the basic science disciplines c) the MS degree in Oral Biology, offered conjointly with the School of Dentistry and d) the combined MS-MD and PhD-MD degrees in a basic science discipline conjointly with the School of Medicine. Programs leading to the MS degree in Clinical Microbiology and Clinical Biochemistry are nearing completion conjointly with the School of Allied Health Sciences. The possibility of an interdisciplinary program in Genetics is under active consideration.

The School of Graduate Studies also wishes to serve as the hub of basic science training for all the schools comprising MCG. We believe the education of health science professionals must be performed within the confines of a health science center, for only in this way can the student perceive meaningfully the interrelationships among personnel and the relevance of the subject matter. Accordingly, plans are gradually evolving for bringing back to this campus the teaching of both nursing and allied health students. Toward this end, core programs of instruction must be established to provide fundamentals to large groups, with 'spin-offs' in the particular health areas, such that both faculty and student time will be better utilized.

It should be apparent that the School of Graduate Studies is trying very hard to "collaborate" or work together with other schools of MCG. Collaboration should be a key word in the future of this university. Although I do not claim to be a classical pharmacologist, my days in a department of pharmacology have left at least one imprint — an understanding of the difference between additivity and synergism. It appears to this observer — albeit a naive newcomer — that the five schools of MCG have been acting in an additive fashion. Hence, MCG is simply a collection of schools. In order that true university status be achieved, future years must involve synergism. Synergism must extend beyond school or indeed departmental barriers, to the individual investigators, clinicians working with basic scientists, etc. In this regard perhaps, joint appointments within schools would be appropriate in suitable instances.

Were I asked to comment upon a central focus of all programs in MCG graduate education, I would respond — research. Research is the cornerstone about which graduate education in the basic sciences is built. Indeed, without research, there is no graduate program. The very nature of a health science center would seem to lend itself to the performance of meaningful research — the research problems abound and with a bit of help from extramural sources, no obstacles stand in the way of this activity.

With such emphasis upon research, is there any place for good teaching within the graduate program? In the evaluation here of a good graduate program, is not the teacher being underestimated? To me, this argument is a reductio ad absurdum. A good basic sciences teacher is research-oriented; there is no paradox here. His research activities are reflected in his delivery; he is current; he is problem-oriented and consequently, poses questions which he subsequently answers. Through this research work, he is forced to orderliness and organization. Those qualities are fundamental in the definition of a good teacher. In addition, he must be profoundly interested in people and in students, in particular. The latter is the reason not all researchers are good teachers! He must be interested in their welfare, in their very being, and he must by nature be a man of considerable compassion. These are qualities, then, of a good teacher. But what about the characteristics of an excellent teacher? In addition to interest in students and organization of subject matter, excellence is demonstrated by a certain 'flair', an acting ability, if you will. Virtually all those individuals in this category are 'hams'. The end-result of an excellent presentation is the perking up of interest in the student, the desire to want to learn. For in the long run, we do not teach, we stimulate the student to learn.



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